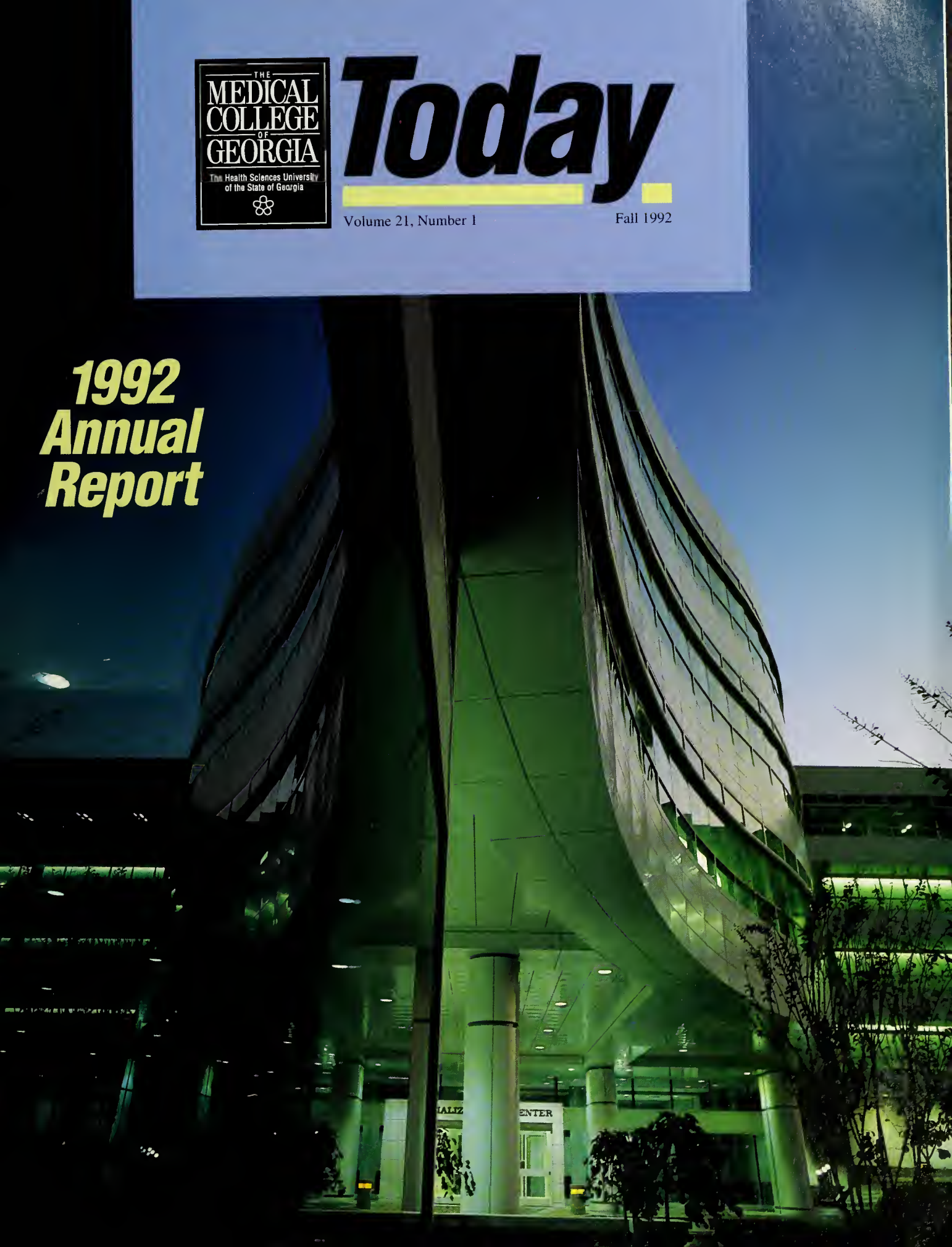
THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

Volume 21, Number 1 Fall 1992



1992 Annual Report

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THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

Today

Volume 21, Number 1 Fall 1992

Introduction

Listen to any political speech these days and you'll notice that health care has assumed front-and-center priority.

It's appropriate that as our nation ponders the future of health care collectively, we at the Medical College of Georgia ponder ours as an institution. Health care is definitely in a state of flux. But it's also in a state of excitement, of invigoration, of new challenges. It's a thrilling time to a player in the game, especially as a member of a team as thriving and dynamic as the Medical College of Georgia.

And regardless of which direction our nation's leaders take us, MCG stands poised and ready to seize the challenge. We're already evolving in response to changing times, as is indicated by our increased emphasis on areas such as ambulatory care and cellular research.

The 1992 annual report edition of *Medical College of Georgia Today* illustrates our diversity and our commitment to the future.

Can you imagine, for instance, having major surgery and being on your feet two days later with practically no scar at all? It's a reality at MCG, where laparoscopy—a form of surgery involving a tiny incision and a rapid healing time—is being used in varied, innovative ways.

Read also about new strides in the field of dentistry. Researchers in the school are testing a new material that, when bonded to the tooth, reduces or eliminates tooth sensitivity.

We also invite you to meet one of our alumni in this edition. Dr. Ed Rozar graduated from the School of Medicine in 1974 and was on the fast track toward a successful career in thoracic surgery when he contracted the AIDS virus. His moving and inspirational story is a reminder that the human factor is the life force of this institution.

Also, please glance at the list of the many, many friends who contribute to the Medical College of Georgia and ensure our continued strength. Your name is probably on it, and we deeply appreciate your commitment to our institution. We are working to make you prouder of that commitment with each passing year.

Sincerely,

Francis J. Tedesco

Francis J. Tedesco, M.D.
President, Medical College of Georgia

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On the Cover

The Medical College of Georgia's newly dedicated Ambulatory Care Center/Specialized Care Center.

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The Medical College of Georgia is the health sciences university of the University System of Georgia. Focusing on health-care education, research and patient care, the Augusta-based institution consists of MCG Hospital, more than 80 support clinics, statewide outreach programs and the Schools of Allied Health Sciences, Dentistry, Graduate Studies, Medicine and Nursing.

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Dr. Thomas R. Gadacz prefers the path of least resistance…at least in the operating room.

It's the path of the laparoscope, which lets him make small incisions, then peer inside the body to see and work.

It's a path he's walked with Dr. Edward K. Mark, MCG neurosurgeon, finding a way to improve a procedure that reduces high, destructive pressures inside the head.

It's a path he's walked with Dr. Renato Saltz, MCG plastic surgeon, finding a safe way to remove a large piece of fat, rich with blood vessels and ideal for covering large, open body wounds caused by trauma or surgery.

It's a path that's finding its way into every subspecialty of surgery as doctors look for better, less-invasive ways to do their job.

"(Operating) through small incisions results in less trauma since we don't manipulate the organs as much as we do through an open procedure," said Dr. Gadacz, gastrointestinal surgeon and chairman of the MCG Department of Surgery. "With an open procedure, you have to lift up on the abdominal wall. You have to push organs away to get exposure. With laparoscopy, gas inflates the abdomen so you can see, like the superdome."

Laparoscopy also eliminates the need for sponges and retractors, which minimizes organ trauma. The result is a shorter hospital stay and recovery time. Bowel function returns faster, and nausea—a common side-effect of conventional surgery—is forestalled.

Laparascopy requires one to five tiny incisions, but "these are like bruises.

Dr. Thomas R. Gadacz (above, second from right) performs laparoscopy.

The Path of Least Resistance

They may be sore for a couple of days; after that, the soreness is gone," Dr. Gadacz said.

Sharon Jarrard thought the pain would never go away.

"I've always had headaches, always, since I was a child. Mama would take me to every doctor we could find....They could never find anything wrong."

She had accepted that.

But two years ago, that became unacceptable, when the constant pounding turned to pure anguish two or three times each week. Every other week, she was in the emergency room. "You have no strength, no energy. If the (headaches) get that bad, you start throwing up. You have nothing left after that. You are just a wet noodle. I missed I don't know how many days of work," Ms. Jarrard said.

She was losing her vision; her peripheral vision was failing and there was a gray spot in the middle of her right eye.

"I nearly ran over a woman in a parking lot because I did not see her and her child. I just happened to hear a buggy and stopped."

Ms. Jarrard was sent to Dr. Raymond A. Bell, MCG neuro-ophthalmologist. He finally put her on the path to pain relief.

She ended up with Dr. Mark, the neurosurgeon, and the diagnosis of pseudotumor cerebri. Its cause is poorly understood, but its results are pressures up to two-and-a-half times normal inside the head, debilitating headaches and, in the unfortunate 25 percent into which Ms. Jarrard fell, vision loss and even blindness.

Researchers are exploring the possibility that hormone or chemical factors released by the hypothalamus at the base of the brain are responsible, Dr. Mark said. Some suspect swollen brain tissue or extra fluid in the head which puts pressure on the brain. But nothing is certain.

Victims tend to be morbidly obese women age 20 to 40, but they can also be normal-weight individuals of any age and sex.

Ms. Jarrard has struggled with her weight since her teen-age years. "I'm one of those. I go up and down, up and down, up and down. If I get upset, which would go along with the headaches, my comfort was my food. I would just open the refrigerator door a million times."

Doctors try first to get obese patients to lose weight. Lumbar punctures, in which a small needle is inserted into the spinal column to document high pressures, also can be used periodically to relieve symptoms of this disease.

But Ms. Jarrard was at a point where her vision was threatened; she needed a quick, more permanent treatment. The

standard treatment had been to insert a catheter into the water space around the spinal cord, then run that catheter around the patient's side within the fatty tissue layers and insert its other end into the abdominal area. A valve midway in the catheter opens when brain pressure gets too high, so fluid can be released from the skull and spinal area and into the abdominal area where it can be harmlessly absorbed, Dr. Mark said.

But, particularly in obese patients most commonly affected by the condition, the catheter can become dislodged at either end from just day-to-day movement.

Dr. Mark mentioned the problem of the dislodged catheter to Dr. Gadacz, who suspected the laparoscope might help. He devised a means to insert a laparoscope into the abdomen to gain a two-dimensional view of that area. He guides Dr. Mark as he places the catheter through the water space around the spinal cord as usual, but this time the other end is directed through the body, instead of around it, and more directly into the abdomen.

The two worked first in the laboratory, then moved their technique to the operating room.

Dr. Joseph W. Rubin

Ms. Jarrard is living proof it was a good move.

"There has never been a day until last week when I did not have a headache," said Ms. Jarrard, who was already back at work.

Together, Dr. Gadacz and plastic surgeon Dr. Saltz just may have put the momentum back in omentum.

The omentum—well-vascularized fat inside the abdomen—is ideal to cover anything from a brain exposed by tumor surgery to a leg burned down to the bone. But this procedure had fallen into disuse. Getting to this useful abdominal fat required a 6-inch or deeper incision right down the middle of the belly between the belly button and breast bone, Dr. Gadacz said.

The invasive, painful incision was slow to heal and could lead to temporary paralysis of the intestines, subsequent scarring and other complications. So surgeons pretty much quit using it, having to opt for one of the remaining choices for a big free flap, such as the big muscles at the top of the back, which could also result in some disability.

Challenged, MCG plastic surgery and gastrointestinal surgery went to the laboratory and developed a technique to use the laparoscope to peer inside the abdomen and another scope to dissect and remove the amount of omentum needed.

Microvascular techniques were then used to re-establish blood supply to the omentum where it was transplanted. Skin grafts can be taken several days later to cover the transplanted omentum.

"You can't have bone exposed. You can't have brain exposed. People have already shown for years and years that the omentum can be a great flap. The problem is the morbidity," he said, referring to the complications of major abdominal surgery to remove the fat. "With the laparoscopic technique, you can do that without creating a lot of problems inside the abdomen."

He and Dr. Gadacz agree that this technique should stir the medical community to again use this valuable free-flap tissue.

Dr. Gadacz and Dr. Joseph W. Rubin, chief of the MCG Section of Thoracic and Cardiac Surgery, are doing good with less harm inside the chest through a technique called thoracoscopy.

Thoracoscopy makes use of a laparoscope to enable surgeons to look inside

the chest and diagnose and help treat lung diseases. Through a half-inch incision, surgeons insert a scope so they can see inside the chest cavity. Through two additional holes, they insert instruments that allow them to dissect and examine tissue and insert a stapler device used to biopsy the lung.

For about 25 percent of patients with lung cancer, a collapsed lung or other lung diseases, this approach can replace thoracotomy, a procedure that requires about an 8-inch incision between the ribs and muscle under the arm.

Longtime smokers with chronic obstructive lung disease—those who have lost the lung reserve they were born with—depend on the accessory muscles to support breathing, the same muscles cut by traditional thoracotomy. The surgery therefore can cause not only pain, but further diminished breathing capacity for these patients.

Still, Drs. Rubin and Gadacz agree that thoracotomy maintains a very real place in diagnosing and treating diseases in the chest. But now, so does thoracoscopy.

"It's much more comfortable for the patient. It's invasive, but much less deforming," Dr. Rubin said.

Consider, for example, collapsed lung, a condition often resulting from years of smoking. Mucus in these lungs changes consistency and may get trapped instead of being coughed up. Lungs lose elasticity and collapse. Patients literally cannot force adequate air in and out. This can even happen to both lungs simultaneously.

To treat collapsed lung, Dr. Rubin can access the chest cavity through the small incisions involved in laparoscopy, then strip off some of the lining of the chest wall so the lung will scar against the chest wall and stay expanded.

Dr. Gadacz remembers back just a few years, when most laparoscopic techniques were used to examine organs and maybe take a biopsy.

He looks forward to a growing role that will mean shorter hospital stays and earlier recovery.

And he says those two factors should also reduce the cut that health-care costs make in the pocketbook.

Dr. Gadacz remembers the first laparoscopic procedure he performed; it was about four years ago. A nurse needed her gallbladder removed.

Until very recently, the main role of the laparoscope had been to examine.

But today's scopes provide a two-dimensional, well-lighted view inside the body while larger, operating scopes also allow diseased organs to be removed, biopsies to be taken, excessive fluids to be drained and who knows how much more.

Tomorrow's laparoscope may provide an even more detailed, three-dimensional view.

Dr. Gadacz is working with Dr. Norberto Ezquerra, associate professor in the Graphics, Visualization and Usability Center of the Georgia Institute of Technology College of Computing, to create such a viewpoint.

The fact that the eyes are apart means each eye sees things a little differently, which cues the brain and creates the illusion of 3-D, Dr. Ezquerra said.

Subtle shading and shadowing can trick the brain and give this 3-D look to a two-dimensional screen, he said. And stereo glasses, which change what each eye sees much like each speaker of a stereo system puts out different sounds, can provide the illusion of 3-D television on a computer game.

So the technology is there. It's a matter of adapting it for the laparoscope, he said.

Adapting that technology is simply a matter of time and money.

—TONI BAKER

Training Ground

The computer buzzword is virtual reality.

It fits.

Imagine a surgeon standing at a black box and inserting a laparoscope that lets him see inside the abdomen; then inserting another scope where he can touch the gallbladder, feel it respond to his dissection, even see it ooze when it's cut and deflated so he can remove the diseased organ.

It's a computer simulation of a real-life scenario happening in operating rooms around the country.

The surgery is cholecystectomy. A surgeon works through a laparoscope inserted through a tiny incision in the abdomen to dissect a diseased gallbladder. He watches his work on a television monitor because another scope inserted through another tiny incision makes that possible.

Removing the gallbladder is the most common use of the laparoscope today, an approach that reduces the trauma of surgery and so recovery time.

Faculty and staff in the MCG Department of Surgery are pooling their knowledge of anatomy and surgical technique with the computer knowledge at the Georgia Institute of Technology College of Computing to provide a whole new approach to teaching this and other laparoscopic procedures.

It seems a logical pairing.

"The surgeon using the laparoscope is looking at a monitor," said Dr. Richard Rowe, an MCG neurosurgery resident working on the computer simulator project. "That's his contact with the patient. He's watching the monitor and learning to manipulate the tools within the patient's abdomen.

"So in this simulation, the surgeon will be using the same instruments." But this time, he'll be watching on a computer screen rather than a video monitor and manipulating instruments inside a black box rather than the abdomen.

Ellen Palm, a medical illustrator and 1991 graduate of the MCG School of Graduate Studies, is the project's visual consultant.

"As an artist and an illustrator, I am trained to make images that are understandable to whomever the audience is. What I am doing here is akin to sculpture, because everything has to look correct in all three dimensions," Ms. Palm said.

Using a computer system used by advertising agencies, she is developing a simulated gallbladder, stomach, liver, esophagus and big blood vessels that feed these organs. At this point, they are green structures with a three-dimensional look. At a future point, they will have true colors and textures.

"Going through the anatomy class (at MCG), a great deal of time is spent in the lab with hands on cadavers. I'm taking that information and converting that to the screen. It's the same kind of mental process (used) to take a three-dimensional object and draw it on paper."

The two say the project is still in its infancy. In late August, they were three months into it and anticipate having a pilot project ready this fall. Ultimately, developing a real-time laparascopic simulator should take about three years.

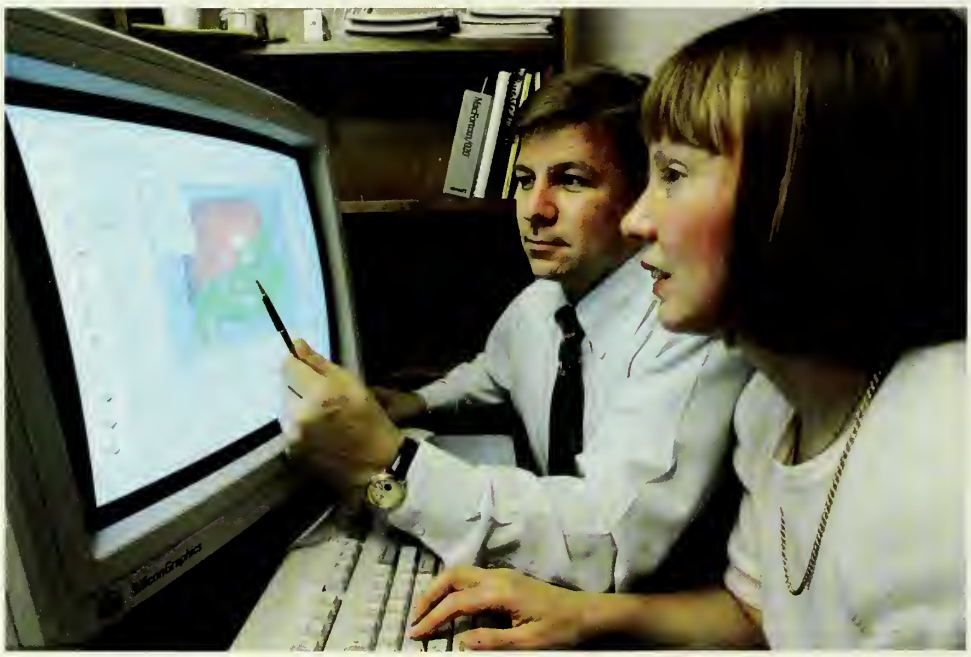
Once the MCG team—which also includes Dr. David Crist, a gastrointestinal surgeon specializing in laparoscopic techniques—prepares these lifelike images, computer specialists at the Georgia Institute of Technology will develop the software that makes them move, bend and ooze and gives surgeons a sense of actually touching and cutting individual organs.

Presently, surgeons who want to practice a laparoscopic cholecystectomy usually train in an animal lab with surgeons experienced in the procedure. They have one, maybe two chances to do the surgery. But the anatomy of an animal and a human obviously are not identical. Residents learn these techniques as they do others, by watching and eventually assisting in the surgery. But the computer system will give both groups endless opportunities to develop their expertise.

The program will even teach doctors to deal with the unexpected. "You can put anatomic abnormalities (into the program) so that they appear randomly and the surgeon learns to deal with them as he continues to rehearse the operation," Dr. Rowe said.

Today, the computer system needed to support such a program would cost a training facility about $150,000. "But computer hardware continues to improve and prices continue to improve as well," Dr. Rowe said. ■

—TONI BAKER



Dr. Richard Rowe and Ellen Palm

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Year in Review

Medical College of Georgia Hospital and Clinics ANNUAL REPORT

On The Move

It hasn't been a race. Just steady progress.

The pace was set in the latter half of the 1980s when the Medical College of Georgia Hospital and Clinics took the strategic initiatives required to meet enhanced teaching and service needs while delivering a uniformly high quality of medical care.

Modernization of its facilities and a broadened financial base were two key factors needed to put the hospital and clinics on its move forward. In the 1991-92 fiscal year, both factors were on track.

MCG's new Ambulatory Care Center/Specialized Care Center, designed to provide quality clinical care to ambulatory patients in Georgia and this region in an academic medical environment, is only months from being in full operation. Sound business principles and management techniques have strengthened the hospital and clinics' operational base.

While sound business principles are vital to the mechanics of keeping the hospital and clinics on the move, the foundation for the hospital and clinics' progress is the quality health services it provides.

On Feb. 13, 1992, the hospital's emergency-services department began treating patients in the new Specialized Care Center. The move from the old facility in the Sydenstricker wing to the new took place overnight and was accomplished with no interruption in patient care. The staff was ready to act when its first patient, a 6-month-old child with an upper respiratory infection, was brought in at 3:30 a.m.

The move of the trauma service came at a historic time in its history. It was 10 years ago that MCG became the first designated regional trauma center in Georgia. On our 10th anniversary as the trauma center for the East Central Georgia Health District, a proposal was submitted to the state for designation as the regional pediatric trauma center. A site visit by designating officials is scheduled this fall.

The new emergency-services area more than doubles space previously available for emergency and trauma patients and includes special examination rooms for pediatric, OB/GYN, orthopedic, and eye, nose and throat patients. There also are three trauma resuscitation rooms, one trauma operating room and four rooms for cardiac and critical-care patients.

Total emergency-services department visits during fiscal 1992 increased 2.1 percent over last year. Hospital admissions through the emergency department increased by 2.1 percent, accounting for approximately a fourth of the total hospital admissions for the year.

For the fourth consecutive year, the number of surgical procedures increased at MCG Hospital, breaking the 10,000 mark for the first time. Over the past 10 years, the total number of surgical cases has risen from 5,872 in 1982 to 10,121 this fiscal year.

The year saw an increase in the number of laparoscopic and endoscopic surgeries—surgeries in which small incisions are made and surgeons work with specialized microscopic equipment. In one such procedure, a laparoscope was used to remove a portion of the lining of a patient's stomach for use as a skin graft in reconstructive surgery. The operation was the first of its kind and was featured in presentations nationally to the American College of Surgeons and internationally to the

...continued on page 10

The photographs in this section feature the Ambulatory Care Center/Specialized Care Center which was dedicated on Sept. 29, 1992 (shown below).

Unique gifts for alumni

The Captain's Chair *(pictured above)*

Made entirely of solid hardrock maple, kiln-dried. Black with gold beading, cherry finished arms and crown. MCG seal is beautifully lasered into the crown with optional one-line personalization lasered directly below the seal.

$285 each
*$25 personalization**
$25 shipping and handling

Solid Brass Commemorative Lamp

Elegant 26" tall solid brass with MCG seal reproduced on an antique gold finish medallion affixed to the base. Black shade.

$259 each
$20 shipping and handling

Marble Clock *(pictured above)*

This exquisite clock is made from natural black marble with MCG medallion face. Optional one-line personalization on brass plate mounted under dial.

$149 each
*$12 personalization**
$12 shipping and handling

*Personalization (one line only, maximum 30 characters/spaces)

MCG Blazer

This quality tailored blazer, 55% dacron polyester and 45% worsted wool, is two-button single breasted with center back vent, welt breast pocket and lower inset pockets with flaps and features MCG cloisonne buttons with 24k gold finish.

Available in men's and ladies sizes in navy, red, burgundy, grey and camel.

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Blazer Buttons

The same high-quality cloisonne buttons that come on the blazer are available for purchase separately in sets of eight (2 large and 6 small) buttons in gift box.

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$5 shipping and handling

MCG Pen and Pencil Set *(pictured at right)*

Beautiful pen and pencil set in black matte with gold trim and MCG lettered on a distinctive slant top.

$25 set
$5 shipping and handling

MCG Pure Silk Tie

This tie is manufactured exclusively for the Medical College of Georgia. Navy background with silver and red stripes and the MCG seal in silver.

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$5 shipping and handling

MCG Pure Silk Scarf

This luxurious 11 x 24" scarf has the same color scheme as the tie—navy background with red and silver stripes. The MCG seal is silver.

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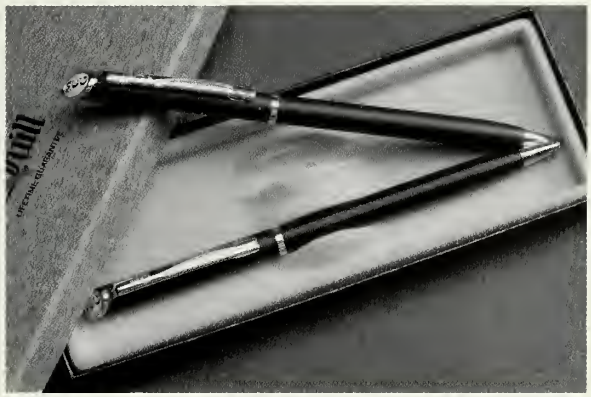

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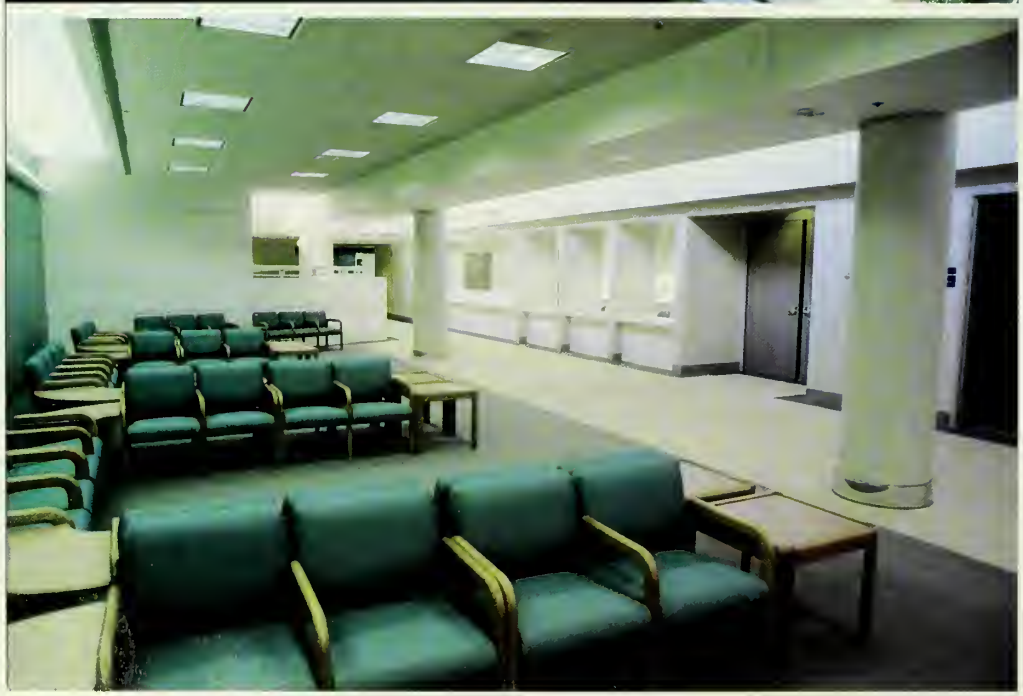
International Microsurgical Society in Greece.

Another procedure introduced at MCG Hospital this past year was thoracoscopy, used to biopsy lung tumors and examine fluid buildup in the sacs surrounding the lungs and heart. The use of the endoscope in sinus surgery and in the examination of trauma victims for internal injuries also began during the past year.

Telemedicine put MCG and the hospital on the move to rural areas of the state via a television system with cameras that can zoom in on a skin cancer, electronic stethoscopes that magnify a heartbeat and machines that instantly transmit digitized X-rays and laboratory results.

The Asthma Center, a joint effort of the hospital and the departments of medicine and pediatrics, was created this year to improve treatment and awareness of the chronic illness through comprehensive evaluation and patient-care planning. Diagnostic services include allergy and asthma testing and rhinolaryngoscopy to determine whether the problem is in the sinuses or the respiratory system. Along with diagnostic services, the center also offers educational services.



The Premenstrual Syndrome Program provides care in a personal, supportive and convenient setting for women with PMS. In addition to the PMS Clinic, there is a 24-hour hotline service for patients and a patient support group.

MCG Hospital and Clinics has long been known for excellence in caring for young children through the services provided in the MCG Children's Medical Center. This excellence continues to grow and expand and is evident in the formation of a comprehensive Fetal Cardiology Program within the Children's Heart Program. The program includes fetal echocardiography for congenital heart defects, in utero fetal arrhythmia management, comprehensive maternal fetal medicine, expectant obstetrical and perinatal management, obstetrical and postpartum care for mothers, a neonatal ICU with extracorporeal membrane oxygenation support, if needed, and pediatric cardiovascular surgery.

In addition to creating the Fetal Cardiology Program, a pediatric pulmonologist and pediatric emergency medicine specialist were added to the pediatric specialists serving the Children's Medial Center. Air transport was added to the Pediatric Critical Care Transport Program to ensure rapid, direct transportation to the CMC and vital medical care en route for critically ill children statewide and beyond.

A feasibility study was completed this year for a proposed $37 million Children's Medical Center, which currently is located within the hospital. A contract for an interior space-planning program will be awarded by 1993.

A portion of funding for the project will come from proceeds from the Children's Miracle Network Telethon in which MCG has participated for the past seven years. The national telethon benefits children's hospital and is the largest television fund-raiser in the world. Funds raised locally this year totaled more than $466,000, all of which will benefit the Children's Medical Center. Seventy-five percent of the money is used to enhance existing facilities and services; the remainder is earmarked for construction of the new CMC.

Patients at the MCG Hospital

...continued on page 12

Medical College of Georgia Hospital and Clinics

ANNUAL REPORT

During fiscal year 1992, the Medical College of Georgia Hospital and Clinics provided more than $59 million* of care to those who could not pay.

Comparative figures of dollar amounts of services MCG provided to Georgians unable to pay for all of the care rendered:

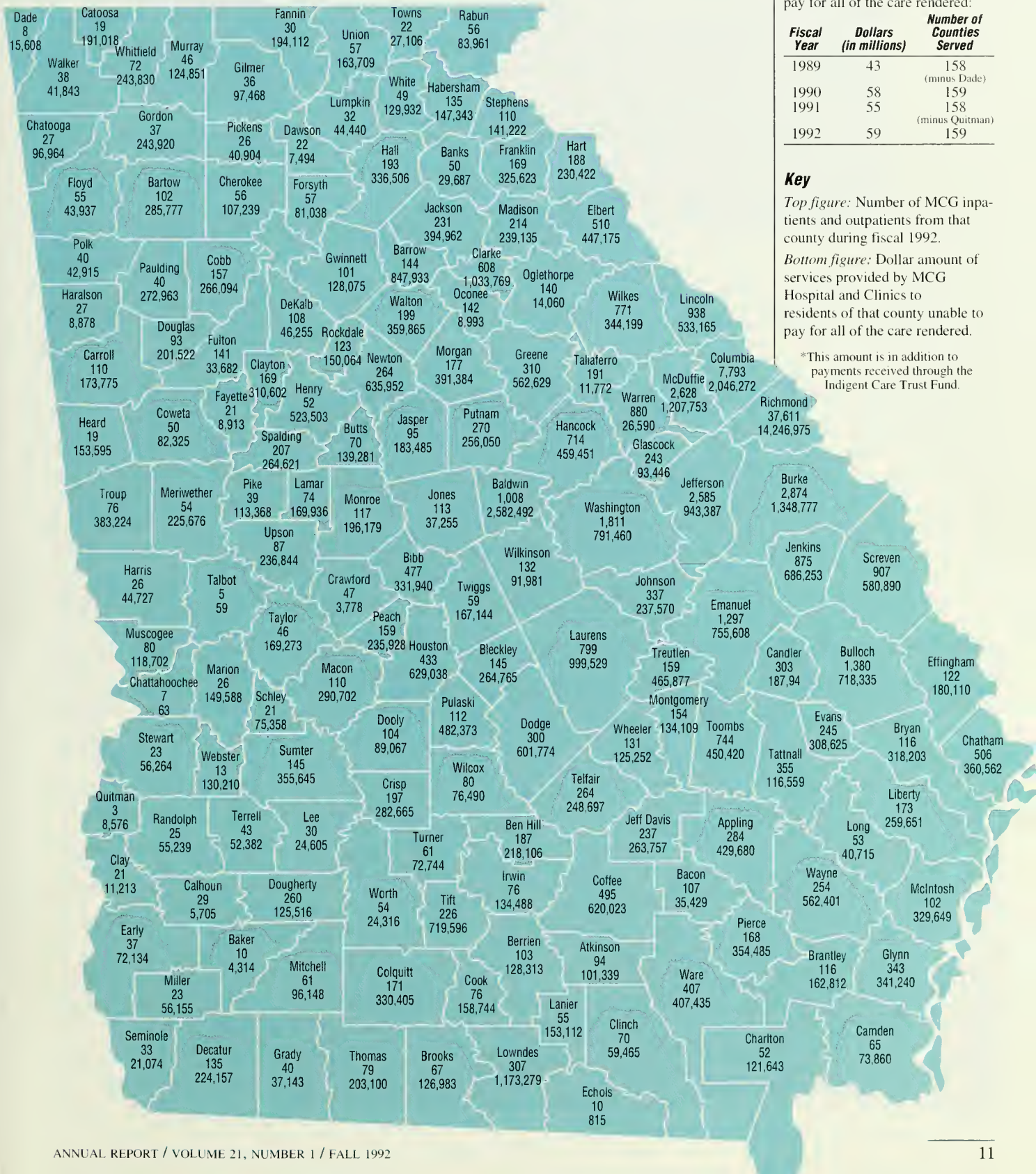
Fiscal Year	Dollars (in millions)	Number of Counties Served
1989	43	158 (minus Dade)
1990	58	159
1991	55	158 (minus Quitman)
1992	59	159

Key

Top figure: Number of MCG inpatients and outpatients from that county during fiscal 1992.

Bottom figure: Dollar amount of services provided by MCG Hospital and Clinics to residents of that county unable to pay for all of the care rendered.

*This amount is in addition to payments received through the Indigent Care Trust Fund.



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and Clinics come from throughout the Southeast, and those from out of town often are anxious and frightened to be in a strange city. These fears can be allayed by caring, compassionate people. Long after a clinic visit or hospitalization, it is the staff members—the receptionists, clerks, nurses, physicians and other health-care workers—who remain in the minds of patients. Efforts are ongoing to ensure a patient-friendly environment.

The hospital's volunteer services help maintain that environment. More than 200 volunteers contributed approximately 19,000 hours of service throughout the hospital and clinics this fiscal year, providing support to enhance the environment for employees, patients and visitors.

The Pathfinder program, initiated this year, is one such program. Pathfinder volunteers provide wheelchair escorts for disabled outpatients and provide information and directions for others.

Developing and implementing a new health information system was a high priority during the year. The system, which will improve access to pertinent patient-care information throughout the hospital and clinics, will be implemented in increments beginning with the core package this fall. The operation of other components is expected to be implemented through 1993.

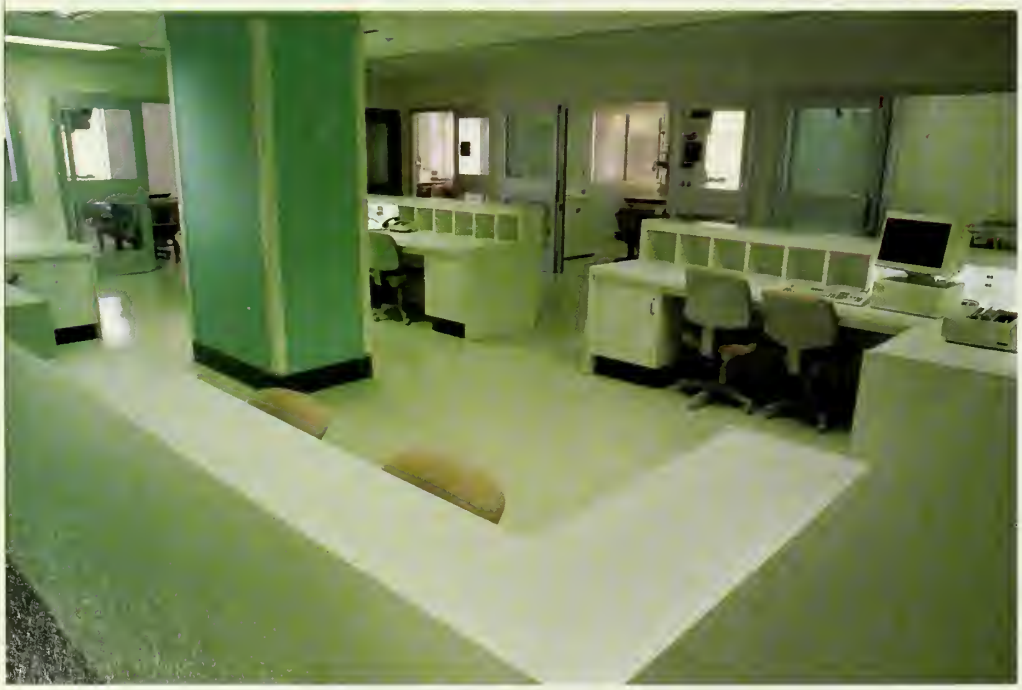
With the new system, orders can be placed for X-rays, laboratory work and other tests and their results seen via computer. The system will also allow for coordination of appointments when patients need to be seen in multiple clinics. Another component of the system will include the electronic communication of drug orders and automatic drug-to-drug interaction checking.

While expanding its computer base, the hospital and clinics also worked to expand its patient base through GeorgiaCare, a benefit offering the high-quality care of MCG physicians and hospital services at reduced cost to MCG employees and employees of the University System of Georgia.

In addition to expanding the GeorgiaCare program, the hospital and clinics entered into agreements with several preferred-provider and health-maintenance organizations to extend the health-care services to enrollees from area business and industry.

The services of the hospital and clinics were further expanded during the year through the Physician Consultation and Referral Service. In its second year of operation, the service links referring rural physicians with faculty physicians at MCG.

Expanding facilities, new services, advanced computer technology, specialized surgical procedures and medical expertise. It is all of these that have keep the Medical College of Georgia Hospital and Clinics on the move in fiscal 1992—on the move to continue to meet the health-care needs of the state and region. ■



Hospital Gives Immunization Program a Shot in the Arm

Georgia's immunization program for children is getting a $611,060 shot in the arm through the innovative use by the Medical College of Georgia Hospital and Clinics of a portion of its Indigent Care Trust Fund dollars.

MCG Hospital is working with the State Department of Medical Assistance, which administers the fund, and the Georgia Department of Human Resources to make more vaccine available to Georgia's children age 2 and younger, said R. Edward Howell, the hospital's executive director.

"'Healthy People 2000,' (President Bush's) report, showed the horrible immunization rate in America," Mr. Howell said. A companion document, 'Healthy Youth 2000,' showed Georgia with an immunization rate of 68 percent for children age 2 and younger who attend public health clinics. The federal and state target rate for the population is 90 percent and above.

The $611,060 will be used to augment the Georgia Department of Human Resources' Immunization Program for Maternal and Child Health, which pools state and federal dollars to buy vaccine, deliver it to the state's 19 health districts and then to the 159 Georgia county health departments.

County health departments supply vaccinations for free or a minimal fee to anyone requesting immunization.

"The importance of ensuring the health of children in this state cannot be overstated," said Gov. Zell Miller. "It's partnerships like this that make a real difference."

Russ Toal, commissioner of the Department of Medical Assistance, also applauded MCG's decision to put trust fund dollars into the statewide immunization program. "I think it's a great idea. There are no diseases more preventable than the diseases that can be avoided through immunization," Mr. Toal said. ■

—TONI BAKER

Plan Your Giving

Annuity Trusts

If you are uncomfortable riding the ups and downs of the stock and bond market, it's time to seek a more secure vehicle for your money.

Short-term money market investments are appealing. But when interest rates fall, you are right back where you started: looking for a satisfactory and secure return.

The answer? Consider an "annuity trust." You will receive a fixed dollar income for life...from your own separate trust. Later, the remaining principal will be distributed to the Medical College of Georgia, supporting our critical needs.

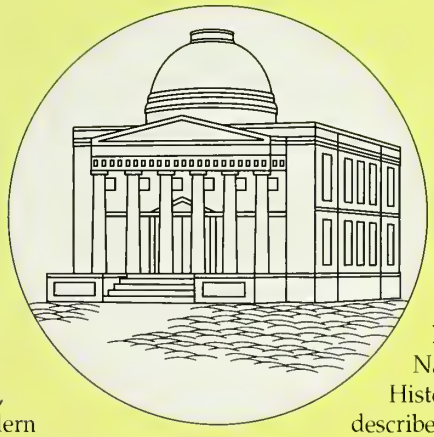
At the outset, you decide the amount of income, knowing it will remain certain and unchanged. Then you irrevocably transfer money or securities—or both—to your annuity trust.

Assuming you itemize your deductions, you can take a sizeable income tax charitable deduction in the year you establish your trust.

Example: This year, Earl, age 68, transfers $100,000 in cash to an annuity trust. He retains a lifetime income of $6,000 annually for himself and his 65-year-old wife, if she survives him. The income payments are to be made quarterly. Earl is entitled to a charitable contribution deduction of $49,073 (assuming quarterly payments and a 10 percent charitable midterm federal rate.) He is allowed to take this on his federal income tax return this year, up to 50 percent of his adjusted gross income, carrying over any excess up to five years.

If you would like more complete information about how to secure a stable investment return, our booklet, *Charitable Remainder Trusts: Income-Producing Gifts,* would be of value to you. Please contact me, Bruce L. Howerton, director of planned giving, at 1-800-869-1113. ■

The Old Medical College building is available to you.



A perfect meeting place. The Old Medical College building, located on historic Telfair Street in downtown Augusta, offers complete modern facilities in a pleasant and historic environment for your meeting, seminar, retreat or business luncheon needs.

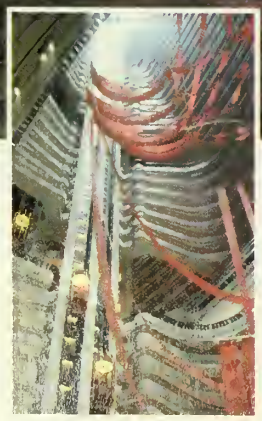
A variety of meeting rooms can accommodate groups from 10 to 350. A full range of equipment is available to service all meeting needs, including a complete modern kitchen. Ample parking is available nearby, and the building is easily accessible to the handicapped.

A place you'll remember. The Old Medical College building, listed on the National Register of Historic Places, has been described as the finest expression of the Greek Revival architectural style in Georgia.

Discover exceptional convenience in a location you're sure to remember. Discover the Old Medical College building...Augusta's best-kept secret for your business meeting needs.

For information and reservations, call Dr. John Norcross at (706) 721-7238.

Few Landmarks Are This Deeply Rooted In Atlanta.



Some Atlanta landmarks capture the very heart of the city. Marriott's Marquis is one of them. The Marquis is the only Atlanta hotel to win the Gold Key Award, the Pinnacle Award and the Award of Merit and Distinction for the last three years. It features a forty-seven story atrium. A staff whose abilities and hospitality have become a Southern tradition. And an ideal downtown location. It's also Atlanta's newest and largest convention hotel. So if you're planning a meeting, large or small, call our Director of Sales at (404)521-0000. And give your meeting a solid foundation.

ATLANTA Marriott MARQUIS

AlumNews

Telethon Donations Near Half-Million Mark

Christine Hurley Deriso

The 1992 Children's Miracle Network Telethon raised $466,582.25 for the Medical College of Georgia Children's Medical Center. The record-breaking figure exceeded last year's by more than 15 percent, said Lorraine Poss, director of development, CMC fund.

"It was an extraordinary success," Ms. Poss said. "We really appreciate the broad-based community support we received, plus the efforts and energies of hundreds of volunteers. I especially want to commend T. Bacon, the telethon chairman, and Rebecca Rabun, (former) telethon coordinator."

The telethon, held May 30-31, was broadcast live locally from Augusta Mall by Augusta's WRDW-TV, Channel 12. WRDW's commitment to the telethon plus the added exposure of broadcasting from the mall were particularly helpful, Ms. Poss said. "I really can't say enough good things about Channel 12 and their staff," she said. "And by broadcasting from the mall, people had an opportunity for the first time to really see the telethon in action."

The telethon, which celebrated its 10th anniversary this year, is the world's largest television fund-raiser and benefits 5 million children treated annually at 165 children's health-care facilities throughout North America.

All local telethon donations stay in the community. More than $2 million has been raised for the CMC, the beneficiary of 22 Georgia and South Carolina counties, since its participation began seven years ago. The telethon is the culmination of year-round fund-raising efforts for the CMC. "Fund-raising has already been initiated for 1993 with expectations to exceed 1992's goal," Ms. Poss said. "I believe reaching the half-million-dollar mark is achievable, and I'm optimistic we will do it." ■

Two Vice Presidential Posts Filled

Christine Hurley Deriso

The Medical College of Georgia has filled two vice presidential posts.

Dr. Barry D. Goldstein has been named vice president for academic affairs for the Medical College of Georgia.

Dr. Goldstein, a professor of pharmacology and toxicology at MCG, was named interim vice president for academic affairs in 1991.

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Dr. Barry Goldstein

Marion White chats with CMC poster child Mason King during telethon.

Posts Filled... *cont. from page 15*

"I think Dr. Goldstein has done an outstanding job in the interim position and I'm delighted to have him on board," said Dr. Francis J. Tedesco, MCG president. "MCG's commitment to academic endeavors will be well-served by him."

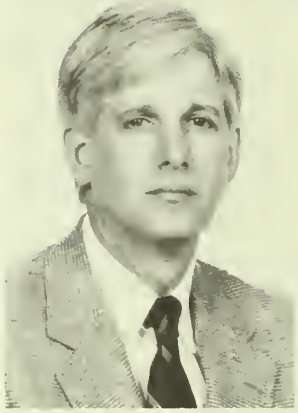
As vice president, Dr. Goldstein will oversee the Robert B. Greenblatt, M.D. Library, the Equal Employment Opportunity/ Affirmative Action Office and the MCG divisions of institutional research and information, continuing education and health communications.

Dr. Goldstein, a native of Long Island, N.Y., earned a Ph.D. in pharmacology from the College of Medicine and Dentistry of New Jersey and received postdoctoral training at the University of Illinois' Department of Pharmacology. He joined the MCG faculty in 1981 as an assistant professor of pharmacology and was named associate professor in 1986. He also is past chairman of the MCG Academic Council.

Also filling a vice presidential post is Dr. J. Michael Ash, who succeeds Alan Campbell as vice president for fiscal affairs and planning. Mr. Campbell retired in August.

Dr. Ash, who earned a Ph.D. in higher education from Georgia State University, comes to MCG from the Joint Board of Family Practice in Atlanta, where he served as administrator from 1989 to 1992. He also has served as senior policy analyst in the Georgia Governor's Office of Planning and Budget and as dean for student services at Georgia State University. He is executive secretary of the Kenneth M. England Foundation in Atlanta and is a foundation trustee for North Georgia College. He is a member of the Medical Association of Georgia's Medical Schools Committee.

"He comes to us with a wealth of experience and has interacted extensively with the (University System of Georgia) Board of Regents in his previous position," Dr. Tedesco said. "He



Dr. Michael Ash

adds a tremendous dimension in his ability to interact on our behalf with the appropriate groups in Atlanta. I'm delighted that both he and Dr. Goldstein are on board." ■

Cardiology Chair Established

The Medical College of Georgia has been awarded a $500,000 grant to fund a chair in the Department of Medicine's Section of Cardiology.

The Augusta-based Creel Foundation, which supports various educational, religious and philanthropic endeavors, will provide $100,000 for the next five years to fund the chair, according to Nancy McJunkin, executive director of the foundation.

The Creel Foundation honors the late Howard and Mary Sterling Creel. Mr. Creel, a native of Pueblo, Colo., was a member of the Augusta National Golf Club. The family of Mrs. Creel, a native of Houston, Texas, were among the founders of Humble Oil Co., which later was sold to the Exxon Corp. Joan Castleberry Walker of Augusta is president and trustee of the foundation. Other trustees are Phil S. Harison and William P. Copenhaver. ■

Class Notes

School of Allied Health Sciences

Jan Stapleton Simmons (PA, '76), Tallahassee, Fla., was named PA of the year in 1991 by the Georgia Association of Physician Assistants. She and her husband, the Rev. Doug Simmons, have daughters Ansley and Jana Leann.

Veronica L. Matthews (OT, '88), Baltimore, has been named clinical education coordinator for the Good Samaritan Hospital of Maryland Inc. occupational therapy department.

School of Dentistry

Dr. Mark W. Johnston ('86) opened an orthodontic practice in Marietta, Ga., in July 1992. He and wife Helene have a 2-year-old daughter, Taylor Cassidy Johnston.

School of Medicine

Dr. Melvin Spira ('56), Houston, has been named president of the American Association of Plastic Surgeons.

Dr. Barry Keith Kenimer ('67) practices obstetrical anesthesiology at St. John's Mercy Medical Center in St. Louis, Mo., the largest obstetrical service in St. Louis. He also participates in a post-operative pain service. He began inventing five years ago and received his first patent in May 1991. He and wife Donna have four children.

Dr. Carol F. Meyer ('67) is an assistant professor of pediatrics and medicine at MCG. She retired from U.S. Government service at Gargas Hospital in the former Canal Zone in 1989 and returned to the MCG faculty in 1990. She is active in conservation organizations and has enjoyed bird-watching in Europe, Egypt, Australia, Central and South America. She also has tried to stay active in chamber music circles, having formed a chamber ensemble while in Panama.

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MCG's 772 graduates of the class of 1992 received diplomas at the June 6 commencement ceremony.

Allied health graduates celebrate year-end honors day.

Dental school graduate Lennard Cason is hooded during the June 5 ceremony.

Graduate studies year-end hooding ceremony.

Anthony Wayne Allen is hooded during the medical school's June 5 ceremony.

Dr. William H. Davis ('82), Anniston, Ala., is chief of general surgery at the Noble Army Hospital in Ft. McClellan, Ala. He and wife Dianne have children Asa and Lindsay, both 11. He served in a MASH during Desert Storm.

Dr. David Lee Downing ('82) practices internal medicine in Rome, Ga. He and wife Anne have four children.

Dr. Geo. Davin Gowder III ('82) has a family practice in Blairsville, Ga. He and wife Lita have three children.

Dr. Mark Joseph Liang ('82) practices radiation oncology in Charlotte, N.C. He and wife Cathy have children Erin, 5; Katy, 4; and Mary Frances, 1.

Dr. McCoy Lee Moretz ('82) has a solo private otolaryngology practice in Cartersville, Ga. He and wife Teri have three children.

continued on page 26

Class notes...

cont. from page 16

Dr. Glenn C. Parrish ('67) retired from an anesthesiology practice in Fredericksburg, Va., in 1987. He is moving to Augusta in 1992. He and wife Lee have a son, Jason, 17.

Dr. Hoke C. Segars ('67) is a general practitioner in Greenbrae, Calif. He and wife Linda have three daughters.

Dr. William C. Shelor Jr. ('67) practices urology in Dothan, Ala. He and wife Jane have two children.

Rear Admiral Michael Hudgins ('68), Washington, D.C., was awarded the Surgeon General's Exemplary Service Medal Feb. 5 for sustained superior performance as chief of Health Service for the U.S. Coast Guard.

Dr. Herbert L. Muncie Jr. ('71), Severna Park, Md., has been appointed chairman of the University of Maryland School of Medicine Department of Family Medicine.

Dr. Richard King ('72) is a gynecologist in Gainesville, Fla. He and wife Susan have sons Richard, 16, and Robert, 11.

Dr. Fred R. Knickerbocker ('72) practices orthopedics in Bristol, Va. He and wife Susan have sons Miles and Brian.

Dr. C. Van Morris ('72) practices neurology in Athens, Ga. He and wife Libby have children John, 17, and Cash, 11.

Dr. Daniel N. Daviden ('77) is chief of medical services at Cumberland Hospital in Richmond, Va. He and wife Miriam have children Alisa, 11, and Jonathan, 8.

Dr. Charles Edward Drake ('77) is a cardiologist in Savannah, Ga., and is married to Sandra.

Dr. Gail Cole Jackson ('77) is a pediatrician in Augusta. She and husband Calvin have children Ben, 7, and Cole, 5.

Dr. Frederick W. Martin ('77), an OB/GYN in Carrollton, Ga., is married to Susan and has four children.

Dr. Wallace N. McLeod Jr. ('77) is an ophthalmologist in Augusta. He and wife Natalie (also '77) have three children, and he recently gave her a surprise birthday party ("the big 4-0.")

Dr. M. Barry Ellis ('80), Boone, N.C., is a head and neck surgeon specializing in plastic surgery of the face. He served eight months during the Gulf War at Ft. Bragg Army Hospital and has returned to private practice. He and wife Langhorne have three children.

Dr. Alfred Lynne Brannen II ('82) is medical director of the pulmonary center at Humana Hospital in Augusta and is clinical medical director of Hyperbaric Medicine at Humana. He is a clinical instructor in medicine at MCG. He and wife Cindy have four children.

Dr. Robert F. Brown Jr. ('82) practices internal medicine. He and wife Susan have three children.

Dr. Thomas E. Calk ('82) is a pediatrician in Atlanta. He and wife Laura have two children and one on the way.

Dr. Jane E. Crosson ('82) is a pediatric cardiologist at the University of Minnesota in Minneapolis. She and husband Michael have a son, Paul.

Dr. Martha Bradshaw pins nursing school graduate Melody Brotherton during the school's June 5 ceremony.

Allied Health Sciences

Physical Therapist Named Fellow

Dr. Bella J. May, professor of the Department of Physical Therapy at the Medical College of Georgia, has been elected a Catherine Worthingham Fellow of the American Physical Therapy Association.

The award is presented annually to four or five members whose work has resulted in lasting and significant advances in the science, education and practice of physical therapy. ■

Occupational Therapy Director Presents Workshops

Claudia Morin, director of the Department of Occupational Therapy at the Medical College of Georgia, recently presented workshops on therapeutic horseback riding for the handicapped in Poland, the Czech and Slovak Federal Republic and Hungary for the 1992 Pediatric Rehabilitation Symposium.

Her participation in the symposium is supported by the North American Riding for the Handicapped Association. ■

Allied Health Students Honored

David Waller

Students from the Medical College of Georgia School of Allied Health Sciences were honored June 6 at the annual honors day ceremony.

June F. Dunesbury was awarded the MCG Faculty Wives Scholarship and Rebecca L. Harrison won the Dr. Raymond C. Bard Scholarship.

In the Department of Associated Dental Sciences, Durinda Orr was named Best Clinician. Trina Wix won the Preventative Dentistry Award. Stephanie Whitley was presented the Chairman's Award.

The Dr. Walter L. Shepeard Achievement Award in the Department of Medical Technology was presented to Susan King and Maria Womack. Also in the Department of Medical Technology, Carolee Herndon won the Dr. C. Robert Baisden Student Laboratory Management Award and the CSRA Society of Laboratory Personnel Scholarship.

The Outstanding Physician Assistant Student Award was presented to John Foss.

In the Department of Radiologic Technologies, Ginger Floyd was named Outstanding Student in Nuclear Medicine Technology and Belinda Horton was named Outstanding Student in Radiography. Kimberly Wyatt was named Most Improved Student in Diagnostic Medical Sonography and Reginald Cooks was given the Mallinckrodt Award for Outstanding Clinical Practice in Nuclear Medicine Technology.

The Chairman's Award in the Department of Respiratory Therapy was presented to Da'henri Thurmond. ■

Medical Technologist Lauded

Melissa McMahan (medical technology, '68) has been named the 1992 outstanding alumna for the School of Allied Health Sciences' Department of Medical Technology.

Ms. McMahan, who also earned an MBA from the University of New Mexico, is a specialist in blood-banking. She was supervisor of transfusion services at Presbyterian Hospital in Albuquerque, N.M., from 1983 to 1990 and assistant director of laboratory services at Presbyterian Hospital in Charlotte, N.C., from 1990 to 1992. ■

Dental Hygiene Student Awarded for Essay

Shafik Dharamsi, a dental hygiene student at the Medical College of Georgia, has been awarded honorable mention in the Arthur Elfenbaum Essay Award Contest, sponsored by the American Society for Geriatric Dentistry.

The entry, "An Exploration of the Physiologic, Psychologic and Sociologic Changes in the Gerodontic Patient," explores the changes in geriatric patients in recent years and how the changes effect their treatment.

The award is named in memory of this country's earliest advocate for the geriatric and gerontological education of dental professionals. The contest, open to all U.S. and Canadian dental and dental hygiene students, honors the best-referenced scholarly essay discussing health-care concept, health-care policy or clinical issues concerning geriatric oral health. ■

PT Faculty Honored for Article

Two Medical College of Georgia Department of Physical Therapy faculty members have been honored for a nationally published article.

Dr. Bella J. May, professor of physical therapy, and Jancis K. Dennis, associate professor of physical therapy, were awarded the 1992 Chattanooga Research Award of the American Physical Therapy Association for their article, "Expert Decision-Making in Physical Therapy: A Survey of Practitioners." The article was published in a 1991 edition of *Physical Therapy*.

The annual award honors the best article on clinical research published in *Physical Therapy*. ■

Dentistry

Dentist Probes Effect of Pacifiers on Teeth

Laura Harrison

Orthodontic pacifiers, though promoted to encourage correct bite development, really achieve that goal no better than conventional pacifiers, according to Medical College of Georgia pediatric dentist Steven Adair.

Dr. Adair conducted a study comparing the bites of children who used orthodontic pacifiers and those who used conventional pacifiers to a control group with no sucking habits. The orthodontic pacifier is promoted to be more like breast-feeding, thus encouraging a more normal bite.

Dr. Adair found no clinically significant differences between the bites of babies and children using conventional and orthodontic pacifiers.

The study also concluded that the more hours per day the child sucks his pacifier or thumb, the greater the likelihood that his bite will be affected.

"The nice thing about pacifiers is a lot of kids give those up by age 3," Dr. Adair said. "Since there is a natural tendency for bite to improve after stopping, thumb-sucking can create more problems because it sometimes persists into the school-age years. The bottom line is if a child needs additional sucking time between feedings, I recommend a pacifier because children tend to give those up early... or they can eventually be taken away."

In addition, Dr. Adair warned against attaching a ribbon to the pacifier and tying it around the child's neck because it can cause strangulation. He added that parents should never dip the pacifier into any sweetening solution, which can lead to fairly severe decay. Honey can be especially dangerous because it can cause infant botulism, a severe gastrointestinal disorder, in children under age 1, he said.

Dr. Adair collaborated on the study with Connecticut pediatric dentist Michael Milano and Jennifer C. Dushku, formerly of the Office of Biostatistics at MCG. The article appeared in the January/February issue of *Pediatric Dentistry.*

He is now conducting a larger study on the same subject with MCG pediatric dentistry resident Isabel Lorenzo. "We're hoping to combine the two samples," he said. ■

Dental Seniors Honored

Laura Harrison

The Medical College of Georgia School of Dentistry honored senior students at its annual Recognition Night on June 3.

John Harrell received the Academic Oral Implantology, Quintessence Clinical Achievement in Periodontics and American Academy of Oral and Maxillofacial Radiology awards.

Drew Ferguson received the American College of Dentists, Academy of General Dentistry and American Student Dental Association awards. Mr. Ferguson also received the Allyn A. Smith award, in honor of the former director of the Dental Practice Dynamics Program at the School of Dentistry.

Bob Shiflett received the Academy of Operative Dentistry, Dental Public Health, Organization of Teachers of Oral Diagnosis and Teledyne/Hanau Prosthodontic awards.

Bruce Hester was presented with the American Academy of Dental Practice Administration, American Academy of Prosthodontists, Goldstein Esthetic Dentistry and Senior Oral Medicine awards. Denise Attaway received the International College of Dentists and Achievement in Restorative Dentistry awards. Both Ms. Attaway and Mr. Hester were given the Community Dentistry Award.

Mary Ann Johnson received the Alpha Omega Scholarship, American Academy of Oral Pathology, Churchill-Livingstone Anatomic Sciences and Southeastern Academy of Prosthodontics awards. Freddie Wakefield received the Student National Dental Association Award.

Bea Brown received the American Academy of Oral Medicine, American Association of Endodontists, American Academy of Periodontology and Quintessence Clinical Achievement in Restorative Dentistry awards. Janet Swing received the American Association of Oral and Maxillofacial Surgeons Award. Lenny Cason received the American Society of Dentistry for Children, Oral Implantology Research and Pierre Fauchard Academy awards.

Ms. Brown and Mr. Cason also received the Oral Pathology Achievement Award. Mike Pruitt was recognized as class president.

Mac Whitesides was honored with the American Dental Society of Anesthesiology Award. Alan Owings received the American Equilibration Society and Dentsply Removable Prosthodontics awards.

Ms. Brown, Mr. Cason, Mr. Harrell, Ms. Johnson, William Rousseau and Steve Rafeedle were given the Pharmacology Award.

In addition, Omicron Kappa Epsilon, a national dental honor society, inducted Mr. Cason, Mr. Harrell, Mr. Hester, Ms. Johnson, Mr. Shiflett and Christie Stockstad.

The senior class presented a plaque during the ceremony to Dr. Baldev B. Singh, professor and acting chairman of oral biology, in appreciation for his contributions to the class. ■

Alumni Dinners

The Medical College of Georgia School of Dentistry Alumni Association will sponsor dinners for its alumni at the following locations. *Contact Tammy Berry (706) 721–4416 for more information.*

January 29	Atlanta
February 26	Columbus/ La Grange ■

Dr. McKinney Awarded Posthumously

Dr. Ralph McKinney, former professor and chairman of the Department of Oral Pathology in the MCG School of Dentistry, was posthumously awarded the Implantologist of the Year Award by the American Society of Osseointegration.

Dr. McKinney was recognized for his years of research in implant dentistry and for his last book, "Endosteal Dental Implants," published in 1991.

Dr. McKinney taught in the School of Dentistry for 20 years, until his retirement in July 1991. He served as chairman of oral pathology from 1979 until his retirement.

The American Society of Osseointegration is a component society of the International Congress of Oral Implantologists. ■

Dr. Nosek Probes Phosphate's Role in Muscle Fatigue

Toni Baker

Dr. Thomas M. Nosek is studying the process that results in the excrutiating reality of not being able to lift a weight even one more time.

It's muscle fatigue, a process that occurs in everyone and at a different point in everyone.

A major determinant of that point is when too much phosphate, a natural byproduct of the process that enables muscle movement, collects inside the hundreds of individual muscle cells that contract together to move that muscle.

The molecular physiologist is focusing on that buildup, which seems to be a sort of natural defense by the body to keep the muscle from being used to the point of cell damage or even rigor.

"People think of fatigue negatively," Dr. Nosek said. "A physiologist thinks of fatigue in a different way. We think of it as a feedback system. That is, the system is designed to generate just so much work. If you ask it to work too hard, it will shut down."

He's studying the process of fatigue with the hope that if that system can be understood, it can be manipulated—information that could improve treatment of muscular diseases and the performance of athletes trying to push their maximum.

Muscle contraction is a process that begins inside the brain. "There is a motor center in the brain. When you will (your arm to be raised), the electrical activity in a specific part of that center increases. It sends out an electrical signal that travels along the nerves to the muscle you wish to contract. The signal is called an action potential," Dr. Nosek said.

"An action potential is a change in voltage across the nerve cell membrane. It's just like (a) battery switching polarity from negative to positive and back to negative again. When you go through that conscious process of saying I want to raise my arm, the nerve membrane switches polarity very quickly. It sends out a series of action potentials that travel down the nerve to the muscle."

This results in an action potential within the muscle. When the muscle cell senses this change in polarity, it excites the muscle into action.

The first response to an action potential is a release of calcium stored within the muscle cell. Calcium triggers the breakdown of adenine triphosphate (ATP). Energy is released when ATP is broken down; the muscle cell uses this energy to contract and work.

When a muscle is worked, phosphate levels begin to rise above normal and the muscle begins to fatigue. Each muscle cell has a system for keeping the phosphate level in check, but when that system is overloaded, fatigue results.

"You must have phosphate inside the cell to make it work," Dr. Nosek said. "But there are pathological situations where you have phosphate buildup too early."

For example, the diaphragm, a muscle that supports breathing, fatigues in a condition called chronic obstructive pulmonary disease, a lung disease caused by smoking, and patients may actually have to go on a mechanical ventilator to support breathing.

Patients with severe peripheral vascular disease, such as in their legs and arms, have abnormally high phosphate level within their muscles. Also, elevated phosphate levels account for at least part of the muscle weakness and early fatigability caused by genetic nerve disorders such as Duchenne muscular dystrophy and Werdnig-Hoffman disease.

Dr. Nosek began his studies some 20 years ago looking at cardiac failure. The fact that phosphate buildup is a common factor in heart failure and muscle fatigue led him to expand his studies to include skeletal muscles a decade ago.

"The process we are looking at now is phosphate metabolism. We are trying to understand more about how phosphate is controlled inside the cell. For us to implement some change clinically, we have to know the physiology," Dr. Nosek said.

Years ago, scientists believed insufficient amounts of ATP—the original energy source for muscle contraction—resulted in fatigue. Now, sophisticated studies that measure ATP and phosphate in the body have documented elevated phosphate levels while ATP levels remain normal at the point of fatigue.

An organelle called the mitochondria is the source of ATP in the cell. Regular, vigorous exercise increases the amount of mitochondria.

"After the first day you exercise, there will be no change in the amount of mitochondria within the muscle because you haven't given this system time to respond. However, if you exercise for two weeks, you'll find more mitochondria in the muscles. That allows you to convert more phosphate to ATP and your endurance is greater. However you can still push yourself to a point of fatigue, because at some point, you are going to overload the system," Dr. Nosek said.

Just how much those mitochondria can be enhanced by training and just what is the ultimate maximum for pushing the muscle is unknown. It is known that marathon runners can push themselves to the point that they actually run out of ATP and experience muscle rigor, Dr. Nosek said.

Dr. Nosek presented his studies at the Integrative Biology of Exercise, a conference sponsored by the American Physiological Society and the American College of Sports Medicine, Sept. 23–26 in Colorado Springs, Colo. ■

Dr. Greenbaum Delivers Lecture in Japan

Dr. Lowell M. Greenbaum, dean of the School of Graduate Studies and vice president for research at the Medical College of Georgia, was guest speaker for a meeting of medical researchers in Japan.

The Osaka Foundation for the Promotion of Fundamental Medical Research met in Osaka, Japan Aug. 2. Dr. Greenbaum delivered a memorial lecture in honor of the late Dr. Setsuro Fujii, former executive director of the foundation, which he established in 1981.

Drs. Greenbaum and Fujii worked together as biochemists in New Haven, Conn., during the 1950s and remained close friends until Dr. Fujii's death in 1989. Dr. Greenbaum reminisced about their friendship and discussed their joint studies of anti-inflammatory drugs and other health issues related to the blood product, kinin. ■

Medical Faculty Honored

Toni Baker

Medical College of Georgia School of Medicine faculty were honored for their efforts in research, education and patient care at the school's annual faculty assembly June 2.

Medical students honored educators of the year. The graduating class honored Dr. Ruth-Marie E. Fincher, associate professor, Department of Medicine; the class of 1994 honored Dr. John F. Fisher, associate professor, Department of Medicine; and the class of 1995 honored Dr. Thomas A. Weidman, associate professor, Department of Cellular Biology and Anatomy.

The class of 1994 honored the MCG Department of Medicine and its infectious disease course as the Outstanding Basic Science Teaching Department.

The class of 1992 also recognized the Department of Medicine, chaired by Dr. John A. Hardin, as the Outstanding Clinical Science Teaching Department.

Dr. Mark G. Hanly, clinical fellow, Department of Pathology, and Dr. Mary Ella Logan, associate dean for admissions and course director for Introduction to Clinical Medicine, were presented Excellence in Teaching Awards by the Class of 1994.

School of Medicine faculty also selected outstanding teachers, researchers and clinicians from among its ranks.

Dr. Virendra B. Mahesh, Regents professor and Greenblatt professor of endocrinology and chairman, Department of Physiology and Endocrinology, was honored as the school's Distinguished Faculty Member.

Dr. Deborah L. Lewis, assistant professor, Department of Pharmacology and Toxicology, was given the Outstanding Young Basic Science Faculty Award.

Dr. Cheryl L. Newman, assistant professor, Department of Medicine, and Dr. Leo Plouffe Jr., assistant professor, Department of Obstetrics and Gynecology, received the Outstanding Young Clinical Science Faculty Award.

Distinguished faculty awards were presented to Dr. Thomas M. Nosek, associate professor, Department of Physiology and Endocrinology, for basic science teaching; Dr. Michael W. Felz, assistant professor, Department of Family Medicine, for clinical science teaching; Dr. Bashir A. Chaudhary, professor, Department of Medicine, for clinical science research; Dr. Allen Johnson Dennis Jr., professor, Department of Medicine, for patient care; and Dr. Gary K. Best, professor, Department of Immunology and Microbiology, for institutional service. ■

Dr. Hudson Named to Pathology Society

Dr. James H. Hudson Jr., a pathologist at Colleton Regional Hospital in Walterboro, S.C., has been named a fellow of the College of American Pathologists, a national medical specialty society of physicians certified by the American Board of Pathology.

Dr. Hudson earned a medical degree from MCG, where he also completed his residency. He is board-certified in anatomic pathology.

CAP is an international medical society of more than 12,000 pathologists worldwide and serves the needs of the clinical laboratory community. With an operating budget of nearly $50 million, CAP is the world's largest association composed exclusively of pathologists and is widely considered the leader in the field of laboratory quality assurance. ■

Alum Comes Full Circle at MCG

Toni Baker

Frank Marvin Rumph calls them as he sees them.

And he's seen some trouble.

"I used to be afraid, to be honest with you, afraid to go downtown."

Back in the late 1940s and the 1950s when he was growing up, cars full of whites would drive by and harass blacks as they walked through the white section of Fort Valley, Ga.

"All that fear turned to anger when I got to be a teen-ager."

By then Dr. Rumph just *wanted* somebody to say something.

"Yeah, I got in a few scrapes."

But he was a happy child, too. His strong father, Wallace, and loving mother, Maude, kept him close and an extended family reached out to him from throughout his south Georgia hometown. His mother still lives in the house he grew up in.

He was an honor student and president of the student council at his all-black high school. The star of the football team, he was a fullback who got injured so switched to offensive and defensive end. He was captain of the football team and co-captain of the basketball team.

Good grades and a good personal physician named Daniel E. Nathan (class of '40) made him think early on he wanted to be a doctor. "I thought I wanted to be a doctor because I really wanted to help people." Then the candid young man got a little more candid with himself. Doctors had a lot of respect; there are still plenty of people in Fort Valley named after Dr. Nathan. His girlfriend regularly babysat for another doctor in town, so he knew him as well.

He realized that maybe the real reason he wanted to be a doctor was he also wanted respect. "That's what I really think. But I think I wanted to help people, too. At least I know I do now, because I ended up in public health," he says and laughs.

He was a science major and honors graduate at Fort Valley State College who later taught high school for a year in Twiggs County, Ga. The Vietnam War and the fact that he knew he didn't want to stay a teacher sent him to graduate school at Atlanta University in 1966.

There were two black medical schools at the time and blacks going to white medical schools was essentially unheard of. But Dr. Rumph's brother told him to apply to the Medical College of Georgia anyway.

As a Georgia resident, he knew his education would be a financial bargain, but as a black, he knew it might not be an emotional one.

In 1967, Dr. Rumph became one of the first two blacks to be accepted to the MCG School of Medicine.

The dean, Dr. Christopher Fordham, prepared Dr. Rumph for what life might be like. The 1971 medical graduate remembers feeling tired and non-desirous of a role as a pioneer.

But he did it.

He remembers choosing

partners to work on cadavers in anatomy. He and Dr. John T. Harper, the other black student, paired up. "We knew there would be two unlucky guys left. I can laugh at it now. At that time, with all the pressures of going to medical school, you didn't need that."

He remembers a professor who he says rode him and rode him in class. When Dr. Rumph would prepare lectures for that class, he'd ask for the professor's help and says he never got it. Instead he got criticized or ignored. Dr. Rumph believes in temporary insanity today because one day, he got up to give a lecture in that class and recalls the professor wouldn't let him get out a sentence. "I felt myself getting hot." Dr. Rumph was at the front of the class; the professor was at the back. Without realizing it, Dr. Rumph also found himself at the back of his class going after the professor.

He remembers deciding then that it was not worth it.

"That is kind of how I assess all the stages I go through. I ask God if I am where I am supposed to be and if the answer is no, together we make the change."

—Dr. Frank Rumph

But he also remembers a dean who encouraged him not to give up. And competitive classmates who went to the faculty and supported him. "That's right. They went and backed me. I think the biggest thing that made me want to come back was the students in the class."

Now Dr. Rumph is back again.

The office he took in 1991 as commissioner of health for Richmond County and district health district for the other 12 counties in the East Central Georgia Health District is smack-dab in the middle of the MCG campus. And he's now an associate clinical professor on faculty.

These days he's in the dean's office again, but he's also in the president's office and all over campus working for the common good of public health.

"I'm really glad to be back. I think it probably brings to conclusion maybe some loose ends. I don't have any feelings at this point but good feelings. The school provided a foundation for me to go a lot of places and do a lot of things. The things I went after, I always got."

Those other things included a residency in anatomical and clinical pathology at Emory University School of Medicine, postdoctoral work in public management training at the University of Georgia, and posts as director of the Georgia Public Health Laboratory from 1982 to 1991, director of the Community Health Section of the Georgia Division of Public Health from 1984 to 1991 and director of the division's AIDS program from 1985 to 1988.

His desire to know the details of medicine led him to pathology and he'd really planned a private practice as the pathologist for a 500– or 600–bed hospital. But he saw in public health the opportunity to make a couple of good decisions and help thousands. They might never know it, but he would.

The job in Richmond County and the health district he saw as an opportunity to take a few steps closer to the people he serves.

"There's definitely a paucity of resources in rural Georgia," he said. But on the other hand, the infant mortality rate in his district is highest in Richmond County. "If I could improve the infant mortality rate in Richmond County, the whole district would look great."

Dr. Frank Rumph

He thinks the problems are a combination of socioeconomic and medical. "My theory is, if you get all the prenatal care there is, it's only going to lower infant mortality to a certain level because the countries that have really low infant mortality rates (have a generally) higher standard of living, period."

Not being much of a traditionalist, he wants to expand the role of public health, reaching out to groups like the Department of Labor to help address the total picture of health care.

He likes community-based planning, planning from the ground up. "It's very time-consuming to get started and to get communities to the level to do that, (but) I think it's the only way to get planning that people buy into, health policies that people will perpetuate themselves. Especially since I operate from the standpoint that people are basically responsible for their own health care. We are here to assist them. In order to get them to buy in on that, they have to be in on the planning."

The rural and urban counties that make up his district also mean he's interested in rural health issues. He's a key player in getting the resources of MCG together with city and county leaders, hospital administrators and doctors in rural Georgia to figure out how rural health care can be best delivered.

He wants to do this in all aspects of health, make the most of the public health department and his alma mater's mutual interests and extensive resources.

"I feel very relaxed here. I feel I am where I am supposed to be," Dr. Rumph said of his latest role in the diverse world of public health. "That is kind of how I assess all the stages I go through. I ask God if I am where I am supposed to be and if the answer is no, together we make the change." ■

Dr. Nugent Named Associate Dean for Nursing

Christine Hurley Deriso

Dr. Kathleen E. Nugent, associate professor of nursing at Clemson University, has been named associate dean for nursing at the Medical College of Georgia.

She will be responsible for the undergraduate curriculum and other aspects of the undergraduate program, according to Dr. Vickie Lambert, dean of MCG's School of Nursing.

"We're very pleased to have her on board," Dr. Lambert said. "She will bring a new perspective, coming from outside of our organization. She also has a great deal of experience with undergraduate education."

Dr. Nugent earned a master's degree in nursing from Texas Woman's University in Houston and a Ph.D. in health education and administration from Texas A&M University. She joined the Clemson University faculty in 1983 as an assistant professor and was named associate professor in 1991. She also has served as assistant head of Clemson's Department of Nursing Science and has had more than 20 years of clinical nursing experience.

Dr. Nugent is a member of the American Nurses Association, the Association for the Care of Children's Health and Sigma Theta Tau, the national nurses' honor society. ■

Nursing Students Honored

Medical College of Georgia nursing students were honored during the school's 12th annual honors convocation June 6.

Kimberly Jean Reeves won the Dean's Award for Best Essay by a Senior Student for her essay titled "Sexual Options for Spinal Cord Injured Patients."

Pamela Leigh Paige received the E. Louise Grant Clinical Practice Award for her adult nursing management plan.

Anthony Bruce Wall won the Community Nursing Clinical Practice Award. Deborah L. Peeples was presented the Alumni Award for Best Thesis. Her thesis is titled "The Effects of Hyperventilation and Lidocaine on Intracranial Pressure Response to Endotracheal Suctioning."

Deborah Hawkins won the Leilee P. Ault Clinical Excellence in Graduate Adult Nursing Award and Barbara Johnson won the Betty M. Gold Scholarship Award.

Allen Dean Smith was presented the Spirit of Nursing Award and Gerry Lavon Hydrick won the Award for Meritorious Clinical Judgment. Karen Mueller won the CSRA Chapter of the Association of Operating Room Nurses Scholarship Award. ■

Darlene Williams

Ms. Williams Awarded Community-Outreach Fellowship

Christine Hurley Deriso

A Medical College of Georgia School of Nursing staff member has been named one of 12 health-care providers nationwide to participate in a community-outreach fellowship program.

Darlene Williams, social worker for the nursing school's Rural Health Outreach Project, will begin a nine-month fellowship at the Massachusetts Institute of Technology in August.

The fellowship, titled the Community Fellows Program, is sponsored by the W.K. Kellogg Foundation of Battle Creek, Mich., and trains participants to further their community-outreach work. The Kellogg Foundation sponsors several outreach programs nationwide, including MCG's Rural Health Outreach Project, a means of improving health care in Jefferson County, Ga., the fifth most economically disadvantaged county in the state. Participants for the fellowship program, established in 1972, are affiliated with outreach projects, such as MCG's, sponsored by the foundation.

Ms. Williams has implemented several minority self-help groups in the county as one aspect of the program. She plans to gain expertise through the fellowship to help expand her work.

The fellowship will consist of seminars, workshops and classes dealing with such topics as problem-solving, proposal-writing, fund-raising, computer skills, media relations and program-planning. Ms. Williams will concentrate specifically on areas including cross-cultural counseling and African-American sociology.

"(The fellows) will work on projects we can implement upon returning to our communities," Ms. Williams said.

"It's a wonderful educational opportunity to build networking relationships with people from all different areas," said Dr. Nancy Williamson, director and principal investigator of the Rural Health Outreach Project.

About a fourth of all Jefferson County households are headed by a single parent, and more than 50 percent of the county's residents drop out of high school. Ms. Williams' self-help groups are aimed at those segments of the population, offering support to adults and guidance to children and teens.

Other aspects of the Rural Health Outreach Project include

"It's a wonderful educational opportunity to build networking relationships with people from all different areas."

—Dr. Williamson

medical services offered at community sites or residents' homes; health-promoting programs for schoolchildren; and a program to help enhance the self-esteem of young African American males. ■

THE MEDICAL COLLEGE OF GEORGIA
The Health Sciences University of the State of Georgia

SCHOOL OF NURSING 1943-1993
FIRST FIFTY YEARS OF EXCELLENCE

Nursing Students Learn Spirit of Team Work in Rural Settings

Christine Hurley Deriso

Stepping into Thomson, Ga.'s McDuffie County Hospital is a lot like stepping into a home—an old, well-kept home, full of fresh, white paint, hardwood floors and gracious manners.

Michelle Tam felt at home there the day she arrived. The Medical College of Georgia School of Nursing senior spent spring quarter at the hospital participating in the school's rural preceptorship program.

The program, directed by Dr. JoEllen McDonough, matches students with rural health-care facilities in hopes of broadening the students' experience and providing medically underserved communities with an extra hand and a potential recruit.

Ms. Tam was somewhat less than enthused about a rural experience when she began the class, but she was quickly won over. "It was really more than I expected it to be," she said. "We're getting a lot of experience, and such a variety. This is everything from renal to heart to you name it. We get to see and do things I don't think I would have had the chance to do at a larger hospital."

Becky Hunter, Ms. Tam's supervisor or "preceptor" throughout the quarter, enjoyed the opportunity to help pave the way for a future nurse. "I was anxious to help her get the kind of experiences I hadn't had (as a student)," she said. "She's so energetic, she kind of brightened our days."

Ms. Tam was one of five MCG students at the hospital during the quarter, and all learned quickly to be part of the team. "It helps us because it takes some of the load off," said preceptor Pam Gray. "After we orient them to a procedure, they can do it supervised. They do a lot of charting (documentation) and a lot of the patient care itself."

And the patients are among the students' biggest fans. "The patients like that extra TLC," said Kathy Buffington, nurse manager at the hospital. "Students and those right out of school tend to have more stars in their eyes. The days they aren't here, the patients want to know where they are."

But perhaps the biggest beneficiaries of the program are the rural health-care facilities, many in desperate need of personnel. Three of McDuffie County Hospital's most recent recruits happen to be past participants in the rural preceptorship program.

"None of those three were interested in working in a small hospital until they worked here," Ms. Buffington said. "They had job offers elsewhere. But they liked the fact that everybody knew each other on a first-name basis. it wasn't just this department or that department—it's total team work. Everyone's here for the same reason. And we truly right from the beginning make (the students) a part of the team." ■

Scholarship for Minority Nursing Students Established

Dr. Vickie A. Lambert, dean of the Medical College of Georgia School of Nursing, has established a scholarship fund for minority students in the school.

The George N. Stoney Nursing Student Scholarship Fund will be used for tuition for minority nursing students selected based on academic achievement and financial need, Dr. Lambert said.

"I think this scholarship fund is timely and important," Dr. Lambert said. "About 15 percent of our nursing students are minorities. We have a commitment to minority education, and this is one way to show our commitment."

The fund is named in honor of the late Dr. George N. Stoney, a black physician who served the Augusta area around the turn of the century. "He was very instrumental in the delivery of health care to the black community," Dr. Lambert said.

The nursing school is seeking donations to establish a $50,000 endowment to fund the scholarships. For more information, contact Dr. Lambert at (706) 721–3771. ■

Stoney Society Donates $1,000 to Scholarship Fund

Christine Hurley Deriso

The Stoney Medical, Dental and Pharmaceutical Society has contributed $1,000 to a Medical College of Georgia School of Nursing scholarship fund for minority students in the school.

Dr. Vickie A. Lambert, dean of the school, established the George N. Stoney Nursing Student Scholarship Fund in the summer of 1992. The fund will be used for tuition for minority nursing students selected based on academic achievement and financial need, Dr. Lambert said.

The Stoney Medical, Dental and Pharmaceutical Society consists of minority physicians, dentists and pharmacists in the Augusta area. The contribution will help establish a $50,000 endowment to fund the scholarships. If interested in donating to the fund, or for more information, contact Dr. Lambert at (706) 721–3771. ■

Class notes... *cont. from page 18*

Dr. Stephen C. Mullins ('82) is a pathologist in Augusta. He and wife Kathi have four children.

Dr. Emory P. Smith III ('82) practices internal medicine in Statesboro, Ga., and subspecializes in critical care. He and wife Lynn have children Nathan, 4, and Rachel, 1.

Dr. Raymond L. Stovall ('82) practices internal medicine (Drs. Stovall, Brooks and Rozen) in Lilburn, Ga. He and wife Jeanne have three children.

Dr. David Reed Wharton ('82), Lookout Mountain, Tenn., is assistant medical director for the Erlanger Medical Center emergency department and clinical instructor at the University of Tennessee School of Medicine, Chattanooga division. He, his wife Stephanie and their four children serve as a foster family for Bethany Christian Services, caring for newborns until they are adopted. He also plays for the church softball league and has coached numerous soccer teams for his children. He is a deacon of the Lookout Mountain Presbyterian Church. He published a manual for residents rotating through the emergency department titled *Emergency Diagnosis and Treatment.*

Dr. Keith Isaacson ('83), Newton, Mass., is assistant professor of reproductive endocrinology at Harvard Medical School. He and wife Jennifer have children Leigh, 2, and Casey, 2 months.

Dr. Nancy Neuren Kator ('85), Potomac, Md., completed a residency in 1989 at George Washington University Hospital and recently joined the private practice of Band, Badwey & Goodridge P.C. She practices OB/GYN in Silver Spring and Gaithersberg, Md. She also is a supervisor for the George Washington University residents rotating through Holy Cross Hospital in Silver Springs and gave birth to her second child and first son, 8-pound Daniel Justin, May 14, 1991.

Dr. Anne Wright White ('86), Rome, Ga., completed training in 1989 at Floyd Medical Center's family practice program. She is now a member of an OB/GYN group providing primary care to adolescent and adult women. She has sons Ryan, 7, and Evan, 3.

Dr. Elizabeth (Lisa) Thomas Adamiak ('87) practices pediatrics in Carrollton, Ga., and completed a residency in 1989 at the West Virginia University Children's Hospital. She is married to Bert.

Dr. Elaine Adcock Barber ('87) and husband Stephen had their first child in July '91 and she recently began a private practice with her father and uncle in Moultrie, Ga.

Dr. Norris "Kent" Burton ('87) has a general practice in Fitzgerald, Ga., and is married to Pam. They have two children.

Dr. Karen McGuigan Foushee ('87) practices pediatrics in Augusta. She and husband Stephen have children Kaitlin, 5, and Andrew, 1.

Dr. Wes Glisson ('87) practices radiation oncology in Rome, Ga. He and wife Shirley Rose have a son, Jack, 2.

Dr. Darryl R. Harris ('87) practices emergency medicine in Atlanta. He and wife Frances have son Nicholas.

Dr. Gregory L. Mauldin ('87) practices pulmonary and critical-care medicine in Memphis, Tenn. He is married to Shannon.

Dr. Susan Wheatley Morton ('87), Crabapple, Ga, has a private OB/GYN practice at North Fulton Regional Hospital in Roswell, Ga. She is married to Dr. William Morton.

Dr. George Clark Pursley ('87) practices internal medicine in Augusta. He and wife Brigid have four children.

Dr. R. Austin Raunikar ('87) is a pediatric cardiology fellow at MCG.

Dr. Gary E. Simmons ('87) is a radiologist in Aurora, Colo. He and wife Judy have a son, Patrick.

Dr. Clay Stewart ('87) finished a one-year fellowship in sports medicine in July 1991 and accepted a position with the University of Arizona in Tucson. He and wife Leigh have a daughter, Leigh Anne, 2.

Dr. Kirby L. Turnage III ('87) is an orthopedic surgeon in Decatur, Ga. He and wife Elizabeth have children Kirby IV and Jacqueline Joy.

Navy Ens. Martha A. Cutshall ('91) recently completed the Officer Indoctrination School at the Naval Education and Training Center in Newport, R.I. The course prepares students for duty in the Naval staff field corresponding to their civilian profession. ■

AlumNews

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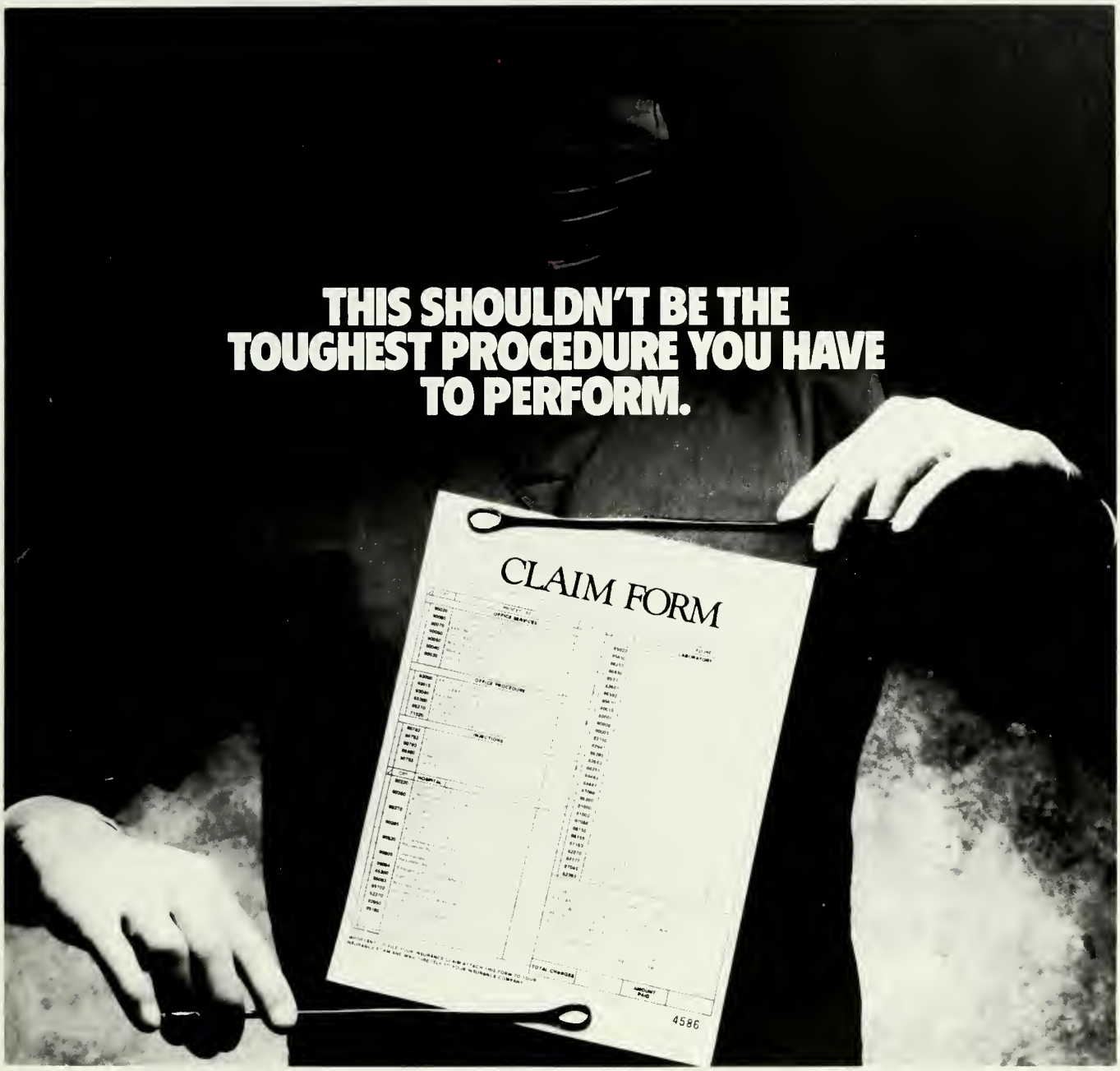

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LIVING WITH aids

Ed Rozar spent an afternoon recently picking raspberries with his wife and five children.

Other days they spend fishing. Or canning peaches. Or reading together, cuddled up on the couch.

He treasures every minute of the time, though he never dreamed he'd spend his days this way. A few years ago, he spent his time in operating rooms—opening chests, rerouting arteries, massaging hearts.

So what's changed between then and now? A few years ago, he was healthy. Today, he has AIDS.

Dr. Rozar thought he had his future all mapped out when he graduated from the Medical College of Georgia School of Medicine in 1973. A self-professed perfectionist, he was driven, disciplined, intent on success. He completed a general-surgery residency in Norfolk, Va. (earning the nickname "Fast Eddie," attesting to his deft surgical skills), then began a private practice in Athens, Tenn. Along the way, he met and married wife Donna. After five years of practice in Athens, he spent a year in a thoracic-surgery program in Dallas. As his love of surgery grew, so did his compulsion to refine his skills. He uprooted his family—which now included adopted son Jonathan Edward—and moved to Pittsburgh to train intensively as a thoracic surgeon.

While in Pittsburgh, the Rozars adopted a second son, David Michael. After the fellowship, he spent a year as an assistant professor of surgery at West Virginia University School of Medicine. It was here that he and his wife learned of three young siblings in foster care. The children desperately needed parents but were almost impossible to place. The Rozars didn't miss a beat when they learned of the children. Victoria, Jonathan Wayne and Christina joined their family.

The next stop for the family was Marshfield, Wis., where Dr. Rozar joined on as a cardiac surgeon at the Marshfield Clinic. This, according to his life's 'map,' would be home—the culmination of years of training. Now, he and his family could reap the benefits of years of hard work.

"I was cruising, on top of the world—well-paid, new home, five kids...."

Four months later, in the spring of 1989, he applied for life insurance. The application required a blood test. Dr. Rozar didn't give it a second thought.

He had just finished an open-heart surgery and was preparing for a lung case when the call came. "I don't know how to tell you this," said the caller, a representative of the American College of Surgeons, "but your HIV test was positive."

Dr. Rozar's map of his life—the one with signposts at each step which he'd so faithfully followed—disintegrated that instant.

"Believe it or not, what came to my mind first wasn't myself, my wife, or my kids. It was: 'Should I operate on my next patient?'"

He didn't. He hasn't operated since.

But although he thought so at the time, his life didn't stop that day. The

Rozars' Christianity has always featured prominently in their lives. (Dr. Rozar and his wife, a nurse practitioner, participated in four Third World mission trips before adopting children.) Now, Dr. Rozar found himself almost completely dependent upon his faith to sustain him.

"There was a lot of pain," he said. "More than anything, I had a feeling of emptiness, futility. Instead of contemplating a new chapter in my life, I found that somebody had ripped out the rest of the pages. My oldest child was only 6. It was a tremendous time of testing my faith."

But his faith won out. "God has never left me alone," he said.

Dr. Rozar falls into no high-risk category for contracting the AIDS virus. He and his physician determined he likely became infected during a surgery in 1985, the year he became severely ill for two weeks and lost 20 pounds he never regained. The virus at the time was tentatively diagnosed as mononucleosis; his physician now assumes the illness marked the onset of the virus.

By the time he was diagnosed four years later, "my immune system was shot," Dr. Rozar said.

"His doctor told us to enjoy the summer," Mrs. Rozar said. "He thought it would be our last."

The summer was a dizzying whirl of nausea-inducing drug treatment and exhausting blood transfusions. "But I'm really appreciative of people who donate blood," Dr. Rozar said. "I wouldn't have survived without it."

He's since tried yet another drug treatment, recently approved by the Food and Drug Administration, and will resume that treatment soon. "I don't go around looking for new therapies," he said. "I trust in the Lord."

Physically, he has good days and bad days, "but relatively, he's doing very well," Mrs. Rozar said."He's had no opportunistic diseases. We're going into out eighth year, post-exposure."

But his physical battle is only half the story. Dr. Rozar decided early in the game that his true gauge of success would lie not in his blood count but in his soul. "AIDS stops you in your tracks and makes you realize what's important," he said. He took stock of his personality, which in retrospect he characterizes as overbearing and demanding. By softening the edges, he has a whole new relationship with his family.

"Donna and I have actually grown a lot; we're much more communicative," he said. "This is the best our marriage has ever been. We've learned to forgive, to overcome things." And every day he feels well, he seizes the opportunity to live life to the fullest with his family. His wife teaches their children at home, enabling the family to spend lots of time together.

"When he's not feeling well, the kids bring him Gatorade or put washcloths on his forehead," Mrs. Rozar said. "That's as important a part of what they're learning now as anything else."

The children, incidentally, are doing great, their parents report proudly. All are academically outstanding, and Victoria is turning out to be a first-class pianist. But although Mrs. Rozar and her children are HIV-negative, AIDS is a daily part of their lives.

"In the back of their minds," Mrs. Rozar said, "it's there: Their daddy has a disease that everyone who has it dies from. I've never worried about myself; I've always known that I would be all right. Them, I worry about. I don't want them to be fatherless. They've been fatherless once and I really do not want that for them."

She stresses to them that they'll be fine regardless of their circumstances—George Washington's father died when he was just 11, she's taught them. But the Rozars also teach their children to assume nothing about the future and to make the most of every day.

Dr. Rozar sets the example in a thousand different ways. He has testified before Congress, urging physician- and patient-testing for the HIV virus. "There's no way to get a handle on this unless we know who's infected," he said.

He speaks about AIDS to various groups and has had extensive national publicity. He counsels his audiences to disavow prejudice. "When somebody is HIV-positive, we don't need to preoccupy ourselves with their lifestyle," he said. "I try to focus on compassion and understanding."

He recently published a book, co-written by David B. Biebel, titled *Laughing in the Face of AIDS* (Baker Book House, 1992) advancing his philosophies, including his belief that HIV-positive health-care workers should voluntarily give up any invasive practices, as he has done. "Even if it's one chance in a million, or one in 100 million, that's one too many," he said. "For that one person, it's a hundred percent, as it was for me." (All of his former patients have been offered free testing, and none has tested HIV-positive.)

He continues working part-time in his clinic's lab, reviewing charts and dictating notes, among other things. His son, he says, wants to be a "dictator" like him when he grows up.

Dr. Rozar also advises everyone to take stock of their lives and take nothing for granted. "Examine your foundations, now," he urges in his book. "Once the storm begins, you'll be so occupied with it that you won't be able to get underneath and shore up the weak spots."

His wife concurs. "People need to look at the foundation they've built their lives on," she said. "It could crumble in a minute." ■

—CHRISTINE HURLEY DERISO

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OUSTING THE OUCH

Dr. Russ Holloman used to pass when offered ice cream.

It wasn't the calories that bothered him; it was the cold.

Dr. Holloman, a retired Augusta College professor, had a problem many can relate to: sensitive teeth. But the operative word is "had." Despite the enormous strides made in the field of dentistry in the past few generations, people with sensitive teeth—and their numbers, while not quantified, are legion—had little recourse except to suffer. That's no longer the case, and Dr. Holloman no longer has sensitive teeth.

"We've had the problem for a long time," said Dr. Gene Dickinson, assistant professor of restorative dentistry at the Medical College of Georgia. "We're just beginning to have a solution."

Dr. Holloman is participating in a study at the MCG School of Dentistry testing a dental material meant to desensitize sensitive teeth. Dr. Dickinson is principal investigator of the three-year study funded by Bisco Inc., a manufacturer of dental materials.

The product being tested is a synthetic material made of polymers that when mixed together can bond to several surfaces, including dentin and enamel, the surfaces of a tooth.The material is applied in paste form to the sensitive portion of a tooth which already has been treated with an adhesive. The material is dried and polished to match the surface of the tooth. The adhesive bonds the material to the tooth—permanently, dentists hope. The process takes about an hour. The tooth is anesthetized before the procedure.

"I thought it was rather routine," said Dr. Holloman, who had two teeth restored. "I had no discomfort."

The bonding material already has been approved by the U.S. Food and Drug Administration, which assures safety and efficacy. The product has been on the market two years and is available to dentists. Bisco Inc. asked MCG and one other U.S. dental school to conduct further tests to obtain the American Dental Association seal of approval.

"Companies with good materials want them certified," Dr. Dickinson said. "It's a good business practice." MCG began

studies in June and has tested the material on about 25 patients so far. The patients will be followed for more than three years. Ninety percent of the restorations must be retained at the end of the three-year period to obtain the ADA seal of approval.

Bonding materials to desensitize teeth have been on the drawing board for about 10 years, "but the (early) materials weren't really very successful," Dr. Dickinson said. "The bond was actually hydrolyzed (slightly water-soluble) over a long period of time and the restorations failed in less than a year."

The formulations were modified, using different chemicals, to make them less water-soluble. The material being tested at MCG meets that criterion, and Dr. Dickinson anticipates the restoration to be permanent. So far, he said, the material has met all expectations, with no known side effects. "The response has really been dramatic," he said.

Tooth sensitivity varies in severity, but those who suffer can attest to the discomfort. Hot and cold food and liquids, blasts of air and even tooth-brushing all can leave sensitive teeth throbbing in pain. Sufferers often begin avoiding the area, which can lead to neglect and decay. The condition, which generally occurs at the gum line, results when part of the tooth's surface erodes. Erosion may expose microscopic tubules within the tooth which, when disturbed by environmental changes such as hot or cold temperatures, activate the tooth's nerve. The result is grimace-inducing pain. What causes the erosion?

"There are a lot of theories," Dr. Dickinson said. "Traditionally, sensitive-tooth areas have been referred to as toothbrush abrasion."

But don't toss out your toothbrushes. It isn't brushing that causes the problem; it's brushing incorrectly. The correct brushing technique is to roll a soft toothbrush gently from the gum to the chewing surface of the teeth. Vigorous sideways motion can eventually erode the tooth surface or recede the gum, exposing a portion of the tooth not protected by enamel.

"I guess I learned to brush the correct way when I was in dental school, so it's not uncommon to learn it wrong," Dr. Dickinson said. "But we're getting better at educating the public."

Bulimics, those who habitually purge on food then binge, also are at high risk of tooth sensitivity; stomach acids exposed to teeth erode cementum. And diet can contribute to the problem. Parents should never put a child to bed with a bottle filled with anything but water. Saliva neutralizes the acids and sugars of milk and juice that erode cementum, but salivary secretion stops during sleep. Therefore, children sleeping with a bottle in their mouths are at high risk of tooth decay and cementum erosion.

MCG has been at the forefront of researching solutions to the problem of tooth sensitivity.

"It's an area that I think adds a lot to our school to be able to conduct this type of research," Dr. Dickinson said.

Along with testing restoration materials, the school also is tackling the problem from a different angle. Dr. David Pashley, Regents professor of oral biology at MCG, has patented a product called Protect which is applied topically to close exposed tubules and reduce sensitivity. The active ingredient in the product is oxalate, a chemical that forms crystals to close the tubules. The product is applied by a dentist during six treatments.The treatments are very effective, but unlike restorations, are temporary, lasting weeks or months. Acidic foods and incorrect brushing can shorten the effectiveness.

"Dentists should inquire about brushing habits and diet," Dr. Pashley said. "If you just desensitize them and don't educate them, they'll return to the same bad habits."

The Food and Drug Administration has recently authorized the testing of oxalate-containing toothpastes. (Dr. Pashley is not involved because of the conflict of interest.) Toothpastes already on the market claiming to desensitize teeth contain either potassium nitrate or strontium chloride, neither of which is as effective as oxalate, Dr. Pashley said. "Plus, it takes about two weeks for them to begin to work, and compliance is not very good," he said.

The choice to restore a tooth rather than use a temporary desensitizing agent generally depends on the severity of the problem. Those whose sensitivity results in chronic, intense pain would probably opt for restoration, Dr. Dickinson said. Those less encumbered might prefer oxalate.

"There's certainly a place for oxalate systems," Dr. Dickinson said.

Dr. Pashley also is researching additional oxalate-like materials; patents are being prepared on two. "All we need is a crystal the size of a tubule that forms quickly, is relatively stable and white," he said. "We have certainly not exhausted all the chemical possibilities."

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Medical College of Georgia

Summary Statement of Current Funds Revenues, Expenditures and Other Changes
Year Ended June 30, 1992 (With Comparative Figures for 1991)

	1992				
	Educational and General		Auxiliary		1991
	Unrestricted	Restricted	Enterprises	TOTAL	TOTAL
Revenue					
General Operations					
Resident Instruction					
Student Tuition and Fees	$ 5,585,450.90	$	$	$ 5,585,450.90	$ 5,399,305.90
State Appropriations	65,523,724.00			65,523,724.00	67,936,043.00
Indirect Cost Recoveries	597,870.15			597,870.15	2,287,592.12
Other Sources	261,782.50			261,782.50	67,073.01
Departmental Sales and Services					
Revenues for Program Support	5,696,357.91			5,696,357.91	5,050,399.24
Less: Quasi-Revenue	(2,331,082.22)			(2,331,082.22)	(2,267,404.57)
Sponsored Operations					
Federal Grants and Contracts		7,877,870.27		7,877,870.27	7,989,612.90
State Grants and Contracts		2,827,024.56		2,827,024.56	2,560,083.08
Local Grants and Contracts		426,937.03		426,937.03	375,539.08
Private Grants and Contracts		25,007,485.04		25,007,485.04	19,559,318.52
Endowment Income		70,042.62		70,042.62	66,280.35
Hospital					
General Operations					
State Appropriations	28,464,958.00			28,464,958.00	30,688,076.00
Sales and Services of Educational Activities	161,602,033.24			161,602,033.24	121,189,260.05
Other Sources	42,362.63			42,362.63	42,362.64
Departmental Sales and Services					
Revenues for Program Support	6,128,040.11			6,128,040.11	4,826,908.02
Less: Quasi-Revenue	(902,554.70)			(902,554.70)	(773,601.09)
Sponsored Operations					
State Grants and Contracts		5,878,566.00		5,878,566.00	5,814,355.99
Family Practice Residency Program					
General Operations					
State Appropriations	5,807,012.00			5,807,012.00	5,832,719.00
Desegregation Program					
General Operations					
State Appropriations	323,534.00			323,534.00	362,495.00
Georgia Radiation Therapy Center					
General Operations					
Sales and Services of Educational Department	2,590,885.09			2,590,885.09	2,590,704.84
Auxiliary Enterprises					
Student Housing			720,471.90	720,471.90	724,747.08
Food Services			1,416,032.77	1,416,032.77	1,049,701.48
Stores and Shops			2,039,960.48	2,039,960.48	1,917,148.78
Other Service Units			1,766,734.52	1,766,734.52	1,757,288.50
TOTAL REVENUE	**$ 279,390,373.61**	**$ 42,087,925.52**	**$ 5,943,199.67**	**$ 327,421,498.80**	**$ 285,046,008.92**
Expenditures					
Educational and General					
Resident Instruction					
Instruction	50,705,584.56	24,802,307.19		75,507,891.75	70,607,180.23
Research	349,197.98	9,663,681.42		10,012,879.40	9,834,903.26
Academic Support	6,879,519.35	230,419.42		7,109,938.77	8,006,134.42
Student Services	1,202,607.21	13,287.00		1,215,894.21	1,294,217.33
Institutional Support	8,289,386.07	508,660.49		8,798,046.56	9,955,315.13
Operation and Maintenance of Plant	7,907,808.07			7,907,808.07	8,585,196.27
Scholarships and Fellowships		991,004.00		991,004.00	794,143.00
Hospital					
Patient Care	165,314,852.43	5,878,566.00		171,193,418.43	143,740,252.98
Hospital Support	12,546,697.18			12,546,697.18	8,668,247.42
Operation and Maintenance of Plant	8,783,962.69			8,783,962.69	9,056,849.57
Family Practice Residency Program					
Instruction	5,801,490.23			5,801,490.23	5,824,530.88
Desegregation Program					
Instruction	239,995.11			239,995.11	275,154.68
Scholarships and Fellowships	75,162.10		75,162.10	86,480.00	
Georgia Radiation Therapy Center					
Instruction (Patient Care)	2,400,982.15			2,400,982.15	2,390,721.93
Operation and Maintenance of Plant	189,902.94			189,902.94	157,313.05
Auxiliary Enterprises					
Student Housing			671,983.92	671,983.92	787,060.84
Food Services			1,494,138.46	1,494,138.46	1,132,435.57
Stores and Shops			1,803,296.68	1,803,296.68	1,745,166.69
Other Service Units			1,539,384.99	1,539,384.99	1,425,653.71
TOTAL EXPENDITURES	**$ 270,687,148.07**	**$ 42,087,925.52**	**$ 5,508,804.05**	**$ 318,283,877.64**	**$ 284,366,956.96**
Excess of Revenue Over Expenditures	8,703,225.54		434,395.62	9,137,621.16	679,051.96
Beginning Fund Balance, Adjusted	51,000.27		279,495.08	330,495.35	500,754.05
Adjustments Other Than State Audit	325,055.37		616.89	325,672.26	256,967.14
Lapsed Surplus Returned—Prior Year	(51,000.27)			(51,000.27)	(293,855.42)
Provision for Insurance Fund	(1,417,160.92)				
Provision for Reserves	(7,528,441.00)		(298,538.54)	(7,826,979.54)	(808,489.38)
ENDING FUND BALANCES	**$ 82,678.99**		**$ 415,969.05**	**$ 1,915,808.96**	**$ 334,428.35**

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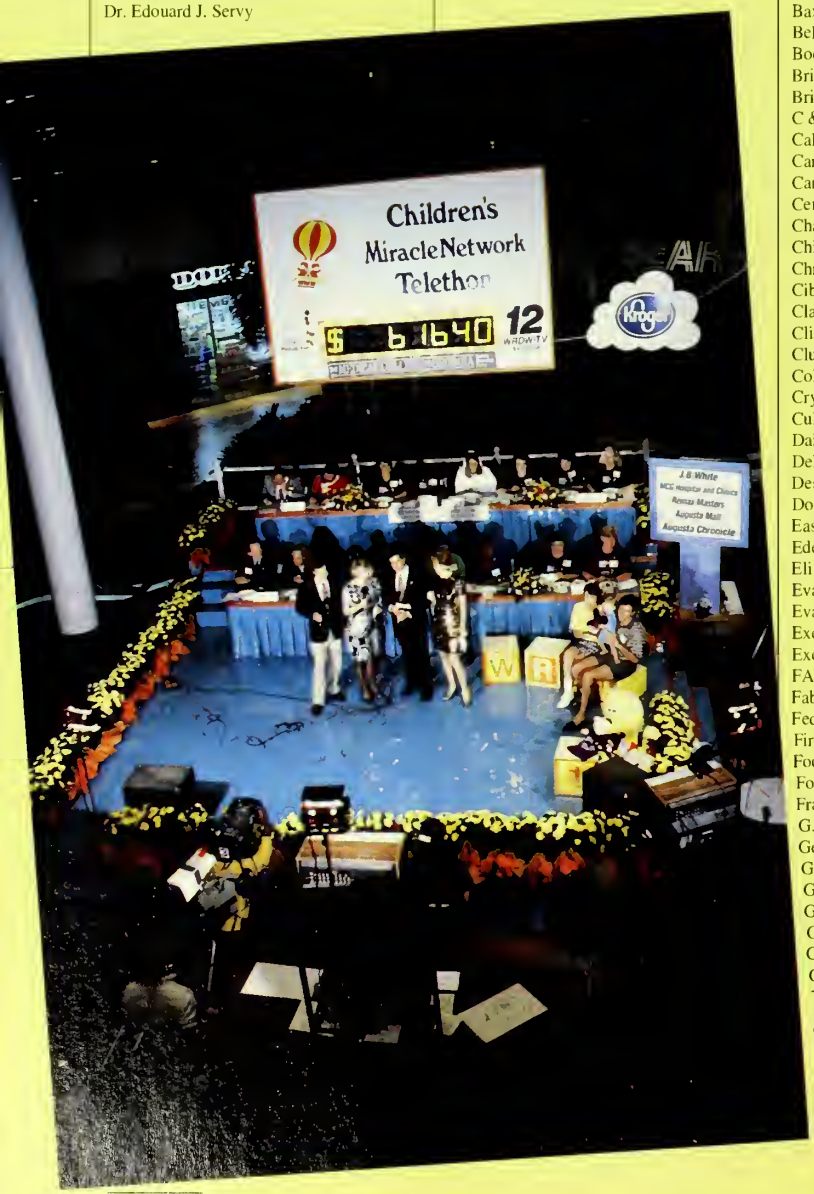

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